

THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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PUBLISHERS:

JOHN P. MORTON & CO., LOUISVILLE.

CATHCART & CLELAND, INDIANAPOLIS.

THREE DOLLARS PER ANNUM.

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THE AMERICAN PRACTITIONER.

AUGUST, 1878.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

ILLUSTRATIONS OF IGNORANT OBSTETRICS.

BY J. R. WEIST, M. D.

"The ignorance of irregular doctors" is a theme so often dwelt upon by orators in medical societies, and by writers in medical journals, that many members of the profession seem inclined to believe that it is only among the practitioners of irregular medicine that serious mistakes in diagnosis and treatment are made.

The so-called regular profession claims all the scientific knowledge to be found among physicians, and its members often wonder why so many intelligent and cultivated people, when they have need of the services of a physician, employ one belonging to another guild. If the claims made by the regular profession were always just, there would be cause for surprise; that sometimes at least they are not so, is well known. When we ask the public to draw a line of distinction between scientific physicians and empirics—on the one side of which shall be placed regular physicians, and on the other *only* homœopaths, eclectics, etc.—we ask an impossibility; for, humiliating as it is to acknowledge it, it is certainly true that within the ranks of regular graduates in medicine may be

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found examples of ignorance so dense and profound as to be almost beyond belief.

The two cases presented below were managed in chief by physicians who are graduates of regular and respectable medical schools—by physicians who have had years of experience, and who are in fair professional standing in the localities where they practice. They occurred in intelligent communities, to whom the leading facts in relation to the cases are known; in communities where regular and irregular medicine are known only through local representatives. An examination of them will, I think, justify every statement made above, and show how impossible it must sometimes be for the public to make any marked distinction between the ignorance of the different schools of medicine. Whenever the "regular doctor" shall be, as his title indicates, "learned," and when there shall be in every case this real difference between him and his empiric rival, then will the public note the difference, and so act that irregular medicine will be banished forever.

CASE I. Was summoned — — to see Mrs. C., who was said to be in labor with her first child. I was informed that the patient, who lived some twelve miles out of town, had been in labor for about twenty-four hours; that Drs. Y. and Z., who were in attendance, said she could not be delivered without instruments. On my arrival I met Dr. Y., a regular physician of perhaps a dozen years' experience, who had been with the patient about twenty-four hours; Dr. Z., an older eclectic practitioner, had just gone home, after remaining with the patient twelve hours.

Dr. Y. said that the patient—Mrs. C., a primipara, twenty-two years of age, who had always enjoyed good health and gone through gestation without trouble—had fallen from a chair about a week before, she being then near the end of her term. After this accident, she had not discovered motion of the child. The doctor also said that when he was called to the case, twenty-four hours before, he found the patient in labor, which continued for twelve hours to make slow progress;

at the end of this period the head was born. After this the pains gradually ceased, although ergot had been given and other means used to excite them; that there had now been no expulsive pain for five or six hours, and that I would find the patient much exhausted; that Dr. Z. had been called soon after the head was delivered, that he remained until nearly the present time; also that both had made efforts to deliver the woman, but being without instruments failure had followed.

On seeing the patient, a very brief examination only was necessary to discover that she was *in articulo mortis*, she being unconscious, pulseless, cold, and breathing only at long intervals. She was lying across the bed, the buttocks on the edge, and the feet supported on two chairs. The head of the child was entirely delivered; it had evidently (determined by position of shoulders) presented in the first position. The scalp was partially decomposed, and the cranial bones separated. Dr. Y. said the head had remained in the position I found it for about twelve hours!

The fingers of one hand were placed in the axilla of the child, and the delivery completed within five minutes. The placenta was easily removed. There was only partial contraction of the uterus, yet there was no hemorrhage. The skin over the body of the child was discolored and softened; it is, therefore, probable that death occurred at the time of the fall of the mother. Within ten minutes after the completion of delivery the mother was dead!

When I questioned, in perhaps not the gentlest terms, why this woman had been allowed to go on unaided until dying of exhaustion, Dr. Y. replied that neither he nor Dr. Z. had any instruments, and they "thought the child could not be delivered without." This patient seemed to die of exhaustion, while her medical attendants looked on without making any intelligent effort for relief. Possibly there was some other cause of death; but even in this case, there can be offered no reasonable excuse for the bad management of the patient. For some of us, a death like this resting on our consciences would not be conducive to happiness.

CASE II. Was called April 12, 1878, to E——, Ohio, to see Mrs. T., aged twenty-six years, who was in labor with her second child. Mrs. T. was a woman of unusually good physical development; she had always been strong and healthy; her previous labor, two years before, was natural and not of long duration, and during the present pregnancy she had enjoyed excellent health. Labor came on at 6 A. M. on the day of my visit. At 7 A. M. Dr. K. was called. The doctor found the pains frequent and strong. He discovered, he states, a "face presentation," and "proceeded at once to perform podalic version." Upon bringing the feet into the vagina, he concluded that he had better have assistance, and advised that I be sent for. This not being considered necessary by the friends, Drs. B. and C. of the same town were called in. Although the pains continued very active, the three doctors did not institute any very active measures, delivering no more than the pelvis of the child.

At 3 P. M. Dr. X., an old practitioner of a neighboring town, saw the case. After an examination of the patient, he said "there would not be any trouble in delivering the baby," and that he would "soon show these young doctors how to do it." He soon succeeded in delivering the shoulder, but the head gave him trouble. Depending on "main strength" for success, he continued his efforts at extraction until the body of the child was torn from the head, the separation occurring at the neck. Although there was in the house a fair case of obstetrical instruments, the doctor declined to use them; but had made at a neighboring blacksmith shop two instruments (these I did not see), with which he tried for an hour or more to grapple and remove the head; failing to do this, he abandoned the case and went home, much chagrined at his want of success. Much blood was lost during the doctor's efforts to deliver the head.

I saw the patient at 6 P. M.; meeting at the bedside the three medical men first called to the case, from whom I received the history of the patient just related. I found Mrs. T. pale, cold and pulseless; she was still conscious, and I was

just able to hear her whisper, "Doctor, I am glad you have come; they have been murdering me all day." She became unconscious immediately after this, and breathing feebly a few times, died within five minutes!

At the urgent request of the husband, I made a hasty examination before she ceased breathing. The bed was saturated with blood, and the vagina lacerated. The head, which seemed to present nothing abnormal, was not engaged in the pelvis, but was, together with the detached placenta, entirely within the uncontracted uterus, high up in the abdomen. As the unfortunate woman was dead by the time this examination was finished, I made no effort to deliver the head. On examining the trunk of the child I found it well developed, and with the head would have weighed probably nine pounds.

As I looked upon this dead woman, so young and perfect in her physical development—her headless baby—her weeping husband, and the crowd of women that filled the room, gaping with wonder, and thought how a little knowledge of the mechanism of labor might have prevented the sad scene, I grew sick; I felt that a murder had been committed, and that I, because I was also a doctor, was to some extent responsible for it. As I recall the outlines of this picture, the sadness and the humiliation then felt return, and I feel that the charges made in my preliminary statement are well sustained.

RICHMOND, IND.

TWO CASES OF CANCER OF THE STOMACH.

BY JOHN A. OCTERLONY, A. M., M. D.

Visiting Physician to the Louisville City Hospital, Visiting Physician to the Kentucky Infirmary for Women and Children, etc., etc.

CASE I. Mrs. H. was brought to me on the 23d day of May, 1877, by my friend, Dr. G. W. Baylor, of Milltown, Ind. She was born in Germany, is forty-nine years old, mar-

ried, had one child, then twenty-one years of age. She had one miscarriage when about twenty-six years old. Up to about a year and a half before her visit to me, she was remarkably healthy and strong, and had always led a very industrious life. About that time she had a severe attack of typhoid fever, but made a good recovery. Six months before Dr. Baylor brought her to me, she began to suffer from severe pains in her stomach and vomited after meals, and soon began to lose flesh. Menses ceased after the attack of typhoid fever.

Present condition.—May 23, 1877; her complexion is dark and sallow, and she has a decidedly cachectic appearance, and is very feeble; pulse, 90; temp. 100. There is complete anorexia, with great loathing of flesh-meats, which she formerly was very fond of. Complains of a bad taste in the mouth, and has eructations of very unpleasant odor. The bowels are habitually constipated. She describes her sufferings as very severe, and says she has terrible paroxysms of pain in the stomach after eating, but vomits now quite seldom, and has not vomited much during the last two months.

Physical examination.—Abdomen is enlarged from ascites, which is well marked without being excessive; feet and ankles are edematous. Extending from the cardia to a little below the umbilicus is a hard movable tumor, somewhat irregular in outline and slightly tender on pressure; it lies on the right of the median line, but near the latter. The liver is of normal size, but a little tender on pressure. The spleen is normal. It is believed that some deep seated nodules, felt on deep abdominal palpation, are enlarged mesenteric glands. The thought had been entertained that the indurated irregularly oval mass felt in the right side of the abdomen, might be an enlarged spleen; but Dr. Baylor and myself determined that it was the stomach, enlarged, disfigured and displaced by cancer of its walls. The treatment was, of course, directed merely towards palliation of her sufferings and maintaining her strength. I am indebted to the courtesy of Dr. Baylor for the following facts in her subsequent history:

The patient never vomited again since I saw her, and had

but little "nausea." Several weeks after her visit to Louisville, she told Dr. B. that she had passed "chunks of flesh" from her bowels, and believed that it was the disease which had then passed away. But her hopes were delusive. Her strength gradually but steadily declined. The ingestion of even small quantities of liquid food gave rise to excessive pain; solids she could not take at all; her bowels remained persistently constipated, ascites increased. She died suddenly on the 25th of August, 1877. The autopsy was made by Drs. Baylor and Saunders.

Body much emaciated. Marked edema of lower extremities. There was considerable effusion of clear straw-colored serum in both pleuræ. Heart and lungs were not examined. The abdomen contained a large quantity of serum. The liver appeared normal. The spleen and kidneys were not examined.

The stomach was kindly sent me by Dr. Baylor; it was contracted and indurated throughout its whole extent, so as to constitute a gristly, incompressible mass. The walls of the stomach were greatly thickened, especially at the orifices, which were also constricted, the pylorus being more constricted than the cardiac orifice. The lesser curvature and the cardiac end of the stomach were the seat of most abundant cancerous deposits. On section, the mucous membrane was found to be about three times the normal thickness for some distance around the pylorus. The submucous layer was composed of perpendicularly arranged trabeculæ, with whitish points at their lower margin. This layer was almost as thick as the mucous membrane; all the subjacent layers were also thickened. Microscopic examination was very unsatisfactory, as the stomach had been kept in alcohol. There was an excessive development of fibrous stroma; the interspaces were, for the most part, void of cellular elements, or they contained masses of indefinite character.

A most interesting point in this case is the cessation of vomiting about five months before death. The explanation of this is to be found in the great rigidity of the walls of the

stomach, and the incompressibility of the organ, which not only prevented active contraction of its muscular coats, but also rendered impossible its compression by the abdominal muscles and the diaphragm. The great displacement of the stomach was a conspicuous feature, and gave rise to doubts whether the large indurated mass might not be the spleen; but the real character of the tumor was soon determined by a critical examination.

CASE II. On the 10th of May, 1878, I was called to see Mr. I. C. M., of this city. He was fifty-four years of age, was born in Germany, architect by profession, height five feet seven inches, usual weight one hundred and forty-five pounds. He had always been a very industrious and temperate man, and up to the beginning of the present illness, some two years ago, he had perfect health. His father died at the age of fifty-four, it is supposed of some "hepatic" disease; and his mother had previously died of consumption at about forty years of age. Two years ago he suffered from dyspeptic symptoms. Some time before Christmas, 1877, he lost all taste for tobacco-smoking, to which until then he had for many years been much addicted. About this time he also lost appetite for food, and about two weeks before Christmas he began to vomit after meals, but *he never had pain in the region of the stomach either before or after eating.* The vomiting at first occurred irregularly, then became more frequent, and at last occurred after every meal, *especially* when solid food had been taken. The interval that passed between ingestion of food and the occurrence of emesis, varied from twenty minutes to several hours. The matters vomited have been very acid and foamy; at first they were composed of the food last ingested, but of late he has vomited dark, very sour and offensive fluids, looking very much like coffee grounds. The amount of matter vomited apparently exceeded the quantity of food and drink consumed; of late he has vomited but rarely. He has suffered much from water brash. After eating, he would have a sense of weight at the pit of the stomach, somewhat uncomfortable, but not amounting to pain;

this uncomfortable feeling would continue until he vomited, when he felt relieved but exhausted and inclined to sleep. In February he was already losing flesh, and has been emaciating ever since.

Present condition.—He is very much reduced in flesh and strength, and is almost constantly confined to his bed. His complexion is sallow, and he has a “cachectic” appearance. The skin is cool and very dry, and emits a slightly unpleasant odor. Pulse, eighty per minute, and of good quality. The tongue is pale and flabby, and at the edges bears impressions of the teeth; it is not much furred, nor red and glazed. His breath has a very offensive odor. This morning he vomited some very acid and offensive fluid, which had the color of coffee grounds. During the last few days his bowels have been, and they are now quite loose, and the color of the evacuations is like the matter he vomits; as a rule, they have been constipated. When he drinks milk, he notices a white, “curd-like” substance in the evacuations. He has no appetite. After ingestion of food, he feels oppressed until relieved by vomiting. Solid food induces nausea, but after taking liquids, or when fasting, he has no “nausea.” He does not suffer from pain in the stomach, nor has he done so at any time. Hot food is as well borne as cold.

Physical examination.—Heart and lungs appear normal; liver and spleen likewise. There seems to be no enlargement of peripheral or other glands anywhere. Abdomen is somewhat retracted from emaciation. The region immediately above and over the umbilicus appears somewhat prominent, and on pressure there is increased resistance in this locality. Palpation reveals a hard, oval, movable mass at the umbilicus, extending upward and to the right. The location of the tumor corresponds to the seat of the pylorus.

To the left and above the umbilicus, I could make out the stomach partly filled with food and somewhat dilated. There is dullness under percussion throughout the epigastric and upper part of the umbilical region. Patient is hopeful and in good humor. The ankles are somewhat edematous. The matters vomited contained no *sarcinae* nor cancerous tis-

sue, but some blood corpuscles could be recognized. The urine was free from albumen and casts.

The diagnosis of gastric cancer was made, and the treatment adopted had for its object to secure more adequate alimentation than had before been attained. Beef essence and milk, and old "*Hochheimer*" diluted with seltzer water, were administered by the mouth at regular intervals when well borne. Nutritive enemata, per rectum, were given night and morning, consisting of beef-tea with the yolk of an egg, and were retained without difficulty. Inunction with oil over the whole body was thoroughly practiced twice a day. Under this treatment he improved; vomiting became rare, bowels moved regularly, edema of the ankles passed away almost entirely. He began to wish for food, and frequently expressed a desire for various articles of diet. He gained strength sufficiently to take occasional rides and continue quite cheerful. There was still entire absence of pain, and the physical signs remained unchanged. About the first of June he became weary of medication, left off all treatment, and soon lost all he had gained.

On the 13th of June I was suddenly called to his house, and found him *in articulo mortis*. Some hours after his death, I received permission to examine his stomach. The body was reduced to an extreme degree of emaciation. Upper and lower extremities were edematous, and numerous purpuric spots were scattered over their surface. The abdomen was much retracted, and the tumor could no longer be felt on palpation. On opening the abdominal cavity, the stomach was found deep under the left costal arch; it was somewhat dilated, and the pyloric end of the organ, for about three inches from the valve, was indurated and enlarged. No trace of morbid change could be discerned on the duodenal side of the valve. The walls of the stomach were hypertrophied. On opening the organ, it contained large quantities of tenacious mucus. The mucous membrane, for some distance from the pyloric valve was thickened, and presented the appearance of luxuriant growth; its surface was uneven, and in some parts congested. There was a very thick and extensive connective

tissue layer, and the peritoneal investment presented several dull white and thickened patches, near the pylorus. The pyloric orifice was greatly constricted, though still pervious. Microscopic examination showed that the case was one of "colloid cancer." No other organs were examined.

In this case, the entire absence of pain was a notable feature. According to Dr. Brinton's statistics, there is absence of pain in about eight per cent. of the cases; but I believe other observers have found the portion much less. Dr. Leube, in Ziemssen's Encyclopedia, gives it as his experience that absence of pain in gastric cancer is exceedingly rare. For some time before death vomiting had ceased in both these cases. Habershon has noticed that this is not rare. He supposes cessation of vomiting corresponds to the stage of extensive disorganization, and believes that it is due to such destruction of the terminal filaments of the pneumogastric nerve that there is no longer any irritation.

In the first case (Mrs. H.), there was a mechanical obstacle to the act of vomiting, but nausea and pain still continued, so that Habershon's explanation does not apply here. In the second case, disorganization was not so far advanced as to render it admissible. But besides, vomiting has been known to go on in cases where the stomach was almost entirely destroyed, as in the case of Longet, in which a young girl, with the intent to commit suicide, swallowed a large quantity of a mineral acid. She vomited continually up to the time of her death; and in the vomited matters were found numerous shreds of the coats of the stomach. At the autopsy, it was found that the stomach had been destroyed, except little portions of its walls, which were adherent to the surrounding parts. These were united to the adjacent viscera and the walls of the abdomen by inflammatory exudation, so as to form a cavity, which was not a stomach, but which communicated freely with the cesophagus. Yet this patient, without a contractile stomach, vomited freely during the last hours of her life.

LOUISVILLE, KY.

INFLUENCE OF THE MATERNAL MIND ON THE FETUS IN UTERO.

BY HENRY JAMESON, M. D.

Examples of deformity in newly-born children, where there seemed to be a relation between the existence of the deformity and the mental condition of the mother during gestation, are so numerous that a logical reasoner can hardly arrive at any other conclusion than that profound mental impressions, made upon her during pregnancy, do exercise notable effects upon the growth and development of the fetus. It has been a question what scope the mind has, and how far its influence extends in this direction; and as evidence bearing directly upon this question, we offer the following two cases:

The first was furnished Dr. Parvin by Dr. J. R. Weist, of Richmond, Ind., and is as follows:

Mrs. H., when ten months married, was delivered of a male child having harelip and cleft palate. Before marriage she was employed in a factory, where she had daily met a man who had harelip and cleft palate. His presence always produced a feeling of disgust and fright. During her pregnancy, she was haunted by the idea that her child would have a deformed mouth, having frequently before her a mental picture of her old fellow-workman. Her fear was prominently shown during labor, and she remains convinced that her mental state caused her child's deformity.

Since the labor alluded to, Mrs. H. has borne two perfect children, and in each case she had no fear, during gestation, that the child would be imperfect.

The second case was that of Mrs. S., who was confined about ten days ago, giving birth to a male child with harelip and cleft palate. Two years previous she had given birth to a perfect and healthy child. I did not see her during her last pregnancy until within a few hours of delivery. When I entered her chamber, she seemed in a state of great mental anxiety, and upon inquiry as to the cause, she told me that,

during the early months of her pregnancy, she had seen about the basement of the house in which she lived an old beggar-woman with a harelip; and that the old lady had called at her room at twilight one evening, and that she had had a "horrible picture" of her in her mind nearly ever since, and that she was disturbed from the fear that her baby might have a mouth like the old beggar-woman's. I quieted her by telling that such things were hardly possible. We were, however, greatly disappointed to find, when the child was born in a few hours, that her forebodings were true.

In neither of these cases was there ever an instance of similar deformity, either on the side of the father or mother.

It is universally conceded that physical peculiarities or mental characteristics are transmitted from parent to offspring; but many authorities doubt that strong emotions or mental impressions can exert an influence so profound as to produce deformities and deficiencies of the fetus in utero.

If the facts are accepted in these cases, it would seem impossible to explain them as due to chance.

INDIANAPOLIS.

WHY SHOULD WE USE THE METRIC SYSTEM?

BY EDWARD WIGGLESWORTH, M. D.

Dermatologist to the Boston City Hospital, Instructor in the Harvard Medical School, etc.

*Morally, as humanitarians, desiring the greatest good of the greatest number; whose God-given best it is to act well our part in life, thus promoting universal progress and harmony. Even should our selfish ends not be furthered in the least by the adoption of the international decimal system, we should yet gladly adopt it if the nation as a whole is to be benefited by its introduction, and of this there is no doubt. The most virulently conservative exponents of the *vis inertiae* of egotism*

admit that "in commerce, where we are dealing with large quantities, and where long columns of figures, whether expressing weights, measures or money, must be added up, and the amount multiplied, divided, or otherwise treated as an arithmetical factor, the metric system is a perfect marvel of elegance and simplicity."

Intellectually, as broad-minded friends of progress. It is the paradox of education that we must build from above downward. Important measures originate among the upper classes, which alone are fitted to comprehend the ultimate results of these. The benevolent despot may even educate at the point of the bayonet, and thus at once raising his vassals by intellectual platforms. The genius of republican institutions demands the gradual elevation of the masses by wheedling them up one intellectual step after another, with the proffered bait of immediate selfish advantage. The independent American of the lower class loses several trains on the railroad of progress, while being persuaded of the inferior celerity of pedestrianism. John Quincy Adams, even in his day, spoke of the metric system as "the greatest invention of human ingenuity since that of printing." Charles Sumner characterized it as "among the choicest possessions of an advanced civilization."

Socially, as patriotic American citizens; for, in spite of popular education, illiteracy is increasing faster than our population. It has been calculated by large committees of our ablest teachers that the complete introduction of the metric system will save a full year of the school-life of every child, and this year, thus saved, would be enough to turn the scale. In a country depending for the safety of its free institutions upon the education of the people, this fact is of vital importance. The introduction of this system would be desirable, if only as the most rapid method of obtaining the most correct results, even were we subsequently to change the denomination of these results back into the old denominations.

Practically, as economical, common-sense men; the system being the most accurate, consistent and convenient one known; simpler than others as our money is simpler than pounds,

shillings and pence; multiplying and dividing by a mere shifting of the decimal point to the right or left; giving finer subdivisions than other systems, and saving money in business to such an extent that the London and Northwestern Railway alone reports an estimated annual saving of ten thousand pounds sterling by the use in computations of the metric, instead of the old system. How vast, then, would be the saving in the entire business of the country! In 1860, the foreign business of the United States equaled \$762,000,000. Of this \$700,000,000 was with nations using the metric system, and that too before Germany had adopted it. There are no tables, scales, or complicated relations—the meter measuring every possible dimension, the liter every capacity, the gram every weight. In the old systemless system of many and various units, the multiple might be 20, 3, 8, 12, $5\frac{1}{2}$, $272\frac{1}{2}$, etc. Even single weights varied among themselves, as, *e. g.*, long and short avoirdupois weight. So with measures of capacity:—A barrel of fish is 30 gallons; one of ale, $31\frac{1}{2}$; one of cider, 32; one of beer, 27; etc. Bread is sold by troy weight; butter by avoirdupois. Druggists buy by one, and sell by another and a different table of weights. With the exception of measurements of time, which are unalterable, being natural divisions fixed by the revolutions of the earth, there is none to which this system is not applicable, whether of weight, length, surface, solid contents, angles, values, intensities, or forces.

Philosophically, as accepting the inevitable. For the metric system is sure to come, and we shall never be better prepared to make the change than now. We must use it as a means of education; not as a result to which we are to grow by degrees. Every civilized nation has adopted it except Russia, which has been delayed only by her war, and England, which never makes any change until forced. She was four hundred years behind the continent in adopting our present arithmetic! Yet even in England it is legalized, and makes annual progress in the British Parliament. Our scientific men all advocate it. Our Congress has legalized it. Large manufacturers and mer-

chants, in foreign trade, use it more than is generally known. Civil engineers, architects and chemists employ it. It is exclusively used by the United States Coast Survey, and the United States Marine Hospital Service. The American Medical Association and the medical societies of the leading states, have recommended it most cordially by resolutions: finally, should we delay long, commerce with, and immigration from, foreign countries will force it upon us. Moreover, it is practically indestructible, whereas the standard weights of Great Britain were destroyed by fire in 1834. There are now twenty-seven standards of the metric system in different countries, the United States possessing one. These are exactly alike, from a single casting of ten parts of iridium and ninety of platinum. Nothing short of a cosmic convulsion could destroy all of these at once.

Professionally, as physicians. Because this system most nearly approximates to a perfect one; embodying, as it does, the most careful and delicate work of the International Metric Commission, composed of scientific men from all countries. Because it is *international*, and medicine is as cosmopolitan as human nature itself. Because of its great *convenience* in writing and compounding prescriptions, in dividing doses, and in computing quantities required during given times. Because of its *safety*, due to its *uniformity* and *simplicity*. It may be learned in five minutes. In complexity there is always danger, and the resemblance of the signs of the scruple, drachm and ounce has already not seldom proved fatal to human life. The metric system dispenses with the signs of the quantities, employs Arabic figures instead of Roman numerals, and assures the physician of more competent service, because from more educated pharmacists, since these are always the first to adopt it. It is decimal; and a perpendicular line, instead of the decimal points, obviates any possibility of error from this source. It is allied to the change already made by Americans from pounds, shillings and pence, to dollars and cents. Because of its *delicacy* and *accuracy* for the chemist and pharmacist; and here the beauty of the system is especially appa-

rent, for it provides denominations of weights applicable to the smallest quantity which the physician can prescribe, the old grain being by far too large and coarse a unit for modern medicine. Moreover, the English and American graduates are both in use in this country, and yet are not alike. There is a difference of eighteen grains in the weights of their fluid ounces. Then, too, if *f* is omitted before the ounce symbol, either the graduate or the troy ounce may be used. Finally, because it deals preferably with weights alone, while admitting the use, if desired, of both weights and measures as at present.

BOSTON, MASS.

CARELESSNESS IN ADMINISTERING CHLOROFORM.

BY G. B. PRATT, M. D.

Late Resident Physician of the Kings County Hospital, Brooklyn.

The frequency of death from chloroform, even in these days, is somewhat alarming. One can scarcely take up a medical journal without finding at least one case recorded. Whether these accidents occur through the carelessness of the operator, or are due to some condition of the heart, which ascertained would contraindicate the use of chloroform as the proper anesthetic, is not for me to say. But I am free to state that I feel confident, if it were possible to obtain the facts in regard to each individual case, reported or unreported, of death from chloroform, a certain proportion of them would be found to be due to the carelessness of the party administering the anesthetic. This is, indeed, pretty plain language; but I am referring to no particular case, and trust my unfortunate brother will take no offense.

I am led to make this statement not only from personal observation, but also from the expressions of medical men in

private conversation. Nearly every physician with whom I have conversed on this topic, has been able to recall more than one instance in which the death of the patient was unquestionably due to lack of care on the part of the surgeon. As an example, permit me to cite a case from my own experience. I do this perhaps the more readily, as the result was not so disastrous as for a time it threatened to be.

Mary L., American, aged twenty-three years, came to my office one day last March, to consult me in regard to some malformation about the external organs of generation. An operation was requested, and deeming it expedient, a day was appointed. As is my custom under such circumstances, I cautioned the patient about eating too heartily of the meal previous to the appointed time, and in this case was particular in enjoining a light dinner. I also told her to *leave her corsets at home*. The day arrived, and with the hour the patient. I questioned her as to following my instructions. She said that for breakfast she ate scarcely anything, having no appetite, but when dinner hour came she was quite hungry; still she ate very sparingly, and was anxious to be through with the operation that she might satisfy her appetite.

My associate, who was to give the chloroform, being at liberty, came into the room, and heard me tell the young woman to step into the next room, remove her under-garment and loosen all of her clothes. She returned in a moment, saying she was ready. Being placed in the operating-chair, the administration was begun. I was seated beside the chair, holding the patient's pulse. All went nicely for about two minutes, when the pulse began to flutter and grow weaker and weaker, until imperceptible. Respiration had ceased. Tearing open her dress my eyes lighted on her corsets, bound firmly about her waist. Cutting the strings with one sweep of the knife, I commenced artificial respiration, while an assistant gave hypodermic injections of brandy. Soon a deep inspiration, followed by another and still others, sent a thrill of joy to all our hearts, and we knew that our patient was out of danger. The operation was then performed.

After all my forethought, I yet neglected to see if my instructions had been followed. How easy it would have been for me to have passed my hand over the girl's dress. The omission of this simple procedure was evidently the cause of all our trouble. During the operation the patient vomited quite a quantity of various kinds of food. She had thus deceived me not only in regard to the loosening of her clothes, which I *might have* discovered, but also as to her having eaten, which I *did* discover; and yet she was a young woman of average intelligence, and fully comprehended the object of my suggestions.

I might instance other cases, some of which were of a more serious nature, and in which it would not be necessary to refer to the peculiar action of chloroform upon the heart for an explanation of the grave result, but will rest satisfied with the above recital. This article is not intended as an apology for chloroform, but simply as a reminder, to all physicians and surgeons using it, of the great care necessary for the safety of the patient, and their own subsequent peace of mind. The thoughts of a conscientious physician, while standing over the lifeless form of one who but a moment since was all life and animation; of one who had lain down quietly and trustingly, leaving all to his care and skill, giving life into his keeping without a moment's hesitation—the thoughts, I say, of a man under such circumstances can be better imagined than described. And if aught I have written in this brief space shall be the means of causing any of my medical brothers to exercise a greater amount of care in the administering of chloroform, or any other of our anesthetics, I shall not have written in vain.

OXIDE OF ZINC OINTMENT IN MEMBRANOUS
VAGINITIS.

BY THEOPHILUS PARVIN, M. D.

Five years ago my friend, Dr. Bell, of Logansport, Ind., sent me a German lady to be operated on for a vesico-vaginal fistula of some sixteen years' standing.

The fistula was scarcely large enough to admit the end of the finger, was median, and thus far favorable for an immediate and successful operation. But the vaginal surface, for half an inch or more around the margin of the fistulous opening, was covered with a dirty whitish membrane, the forcible removal of which was painful, and left a raw bleeding surface. This deposit was also found in patches on some other parts of the vagina, and also on the inner surfaces of the *labia majora*.

In vain were the patches removed, and the surfaces to which they had been attached brushed with solutions of nitrate of silver, of carbolic acid, and of sulphate of zinc, and with tannin in glycerine; in vain were scrupulous and frequent cleansings of the parts enjoined, and mucilaginous injections used: in spite of all, the membranes appeared again, often within twenty-four hours.

Finally, after the failure of these and various other means, at the suggestion of Dr. Smith, one of the hospital *internes*—the patient occupied a private room at the City Hospital of Indianapolis—I used large tampons of patent lint smeared with oxide of zinc ointment, and in a week the improvement was so great that I operated upon the fistula. The operation was successful, and after the closure of the fistula, there was no return of the diphtheritic deposit.

INDIANAPOLIS.

FOREIGN CORRESPONDENCE.

DR. VANDELL'S LETTERS FROM ABROAD—No. IV.

LONDON, JUNE 28, 1878.

MY DEAR PARVIN: Did you ever have the nettle rash? As long as I continue to like you, I hope you never will. I became personally acquainted with the nuisance this month two years ago. In June, 1877, I had a second attack. Last week I lost four days with a third seizure, and just seven days after I am the victim of the fourth. The sting of the neurosis, which in its travels manages to touch on every inch of one's cutaneous territory, is bad enough alone, but when you must add to this the quinine and the *et ceteras* with which you are required to fill yourself in order to drive it, the plain result is about as much misery as one can carry. I am staggering under this load to-day. And yet I must write whether or no, else the fourth letter from "abroad" will not reach you in season for the August number of the Practitioner. I am quite in the fix of the stage manager who had arranged for a mimic snow storm. The snow flakes were to be represented by bits of white paper. Before the time came for the snow fall to cease, the supply of white paper was unfortunately exhausted. Rather, however, than do without the remainder of the storm, the stage man substituted brown paper for the white, and thus the play went on. If I snow some brown paper to-day, it will be because urticaria and cinchonism have cut short my supply of the white. The letter *must* be written.

I think it was Mr. Slick, of Slickville, who said he always walked in the sunshine. That may do in Slickville, Canada, but it will NOT do in London in this month of June, where the mercury in the glass stood at 84° Fahr. yesterday morning at eight o'clock, in the shade. Where it went to later, I didn't go out to see. The entire day was oppressive, and the night was well advanced before the air became pleasantly

cool. Such heat is extremely unusual here, and the Londoner is not prepared for it. So when it comes, he swelters, and I was going to add—swears, but the well-bred man here seldom eases his mind or cools his body in that way. Profane swearing is quite unheard among genteel people here. Some weeks ago a lady, twenty-five years old, assured me that she had never in her life heard an oath used. Yet she had been much in society, and had three brothers older than herself. I am afraid that not many of our countrywomen of the same age, outside of deaf-mute asylums, could say as much.

The Londoner, I remarked, was not prepared for such heat as he is now enduring. Nor is he. Merino underwear, heavy tweed trousers, and double-breasted cloth coats, buttoned well up to the chin, stove-pipe tiles, thick neck-ties, and high-quartered shoes, which constitute his morning or business costume, do, it is true, lend to his fine person a very stylish air, but they are a trifle heavy for the season. The Mexican's summer dress, which is perhaps simple to a fault, consisting, you know, of a sombrero and a cigarette, would at least be a cooler if not so becoming a dress.

When Mr. Bull is strictly on a peace footing, and is thus unable to seek the tented field, because there is none, he fills the hiatus and keeps his martial ardor alive by military pageants in the parks; and thus, if not dealing with grim-visaged war in fact—which he prefers—he gets at least its pomp and circumstance. He could not be happy otherwise; for our venerable progenitor, in spite of his occasional assurances to the contrary, is as essentially bellicose as he has ever been from his youth up. He is the embodiment of a severe simplicity in most things, but he likes a deal of display in his soldiers. His eyes actually kindle at the sight of scarlet clothes, great bear-skin shakos, clanging sabers, burnished cuirasses and glittering helmets. He admires these things. What he admires much, you know, he is proverbial for getting in the long run. He admires all pageants which serve to suggest the greatness of himself and family, but when in

addition they typify the national valor, he never wearies of gazing on them. Hence he delights in the tramp of armed men—if they be his; and his ears rejoice both in the reveille and tattoo, if the kettles be rattled by his drummers.

A military parade came off here a few days since, which the old gentleman enjoyed greatly. He makes it a point to enjoy it whenever he can. It was in honor of the Queen's birthday. The custom of celebrating such an occasion by a review of the crack battalions on duty near the person of the sovereign is quite an old one. The review is held in St. James's Park, the open ground in which, though too small for maneuvering any large body of troops, is well adapted to the convenience of the public in allowing thousands of eager spectators to witness the parade. The morning was propitious. The line, which was formed at ten o'clock, was composed of a squadron of the Life Guards and six companies from the Grenadiers and Coldstream Guards. Colonel Freemantle, whom I met so pleasantly near Canton, Mississippi, this month fifteen years ago, was the field officer of brigade. Colonel F. is as slender and almost as youthful-looking as when he bivouacked with General Johnston and staff, in the Confederacy; but he has a very soldierly bearing, and an uncommonly fine, clear voice, his orders being distinctly heard in all parts of the field. The crowd, which was immense, was kept from the parade-ground by a cordon of the Coldstream Guards. The band of the Life Guards, all mounted on gray horses and dressed in the uniform of the court trumpeters—golden tunics and black jockey caps—a gaudy-looking lot, were on the right of the cavalry. The silver kettle-drums of this regiment were a present from William IV., and of course are most highly valued. They were in charge of a single drummer, who was made conspicuously solitary by standing between two great troopers with drawn sabers. Presently the sound of a bugle announced the approach of the carriages of the royal family. "Eyes front!" rang out on the air, and lo! the British Guard stood as motionless as though it had been hewn out of marble. It was a very fine sight, and I

don't wonder at the vast multitude who had collected to witness it being proud of it. Presently the staff of the Horse Guards, escorting the Duke of Cambridge and the Crown Prince of Germany—one in the uniform of Colonel of the Grenadier Guards, and the other in the beautiful white dress of the German Life Guards—appeared, and rode down the line. The order was given by Col. Freemantle for the royal salute; the colors of the infantry were lowered, guns were brought to "present," the bands struck up, and I was almost ready myself to join the command, if the place of quartermaster had been offered to me. In another moment the muskets were brought back to shoulder. The generals and staffs then rode along the line. This over, the ceremony of trooping the colors was had, the bands filled the air with music, the several commands then marched by in slow time, and the pageant came to an end.

This people is essentially a martial one. I have been here during the mobilization of the volunteers—thousands of whom, under the hands of the drill-sergeant, have been converted in a few weeks from civilians into as soldierly-looking men as you would wish to see. They already have the tread and wear the air of veterans; and as they march through the streets they excite somewhat the enthusiasm their counterparts did on our side the Atlantic in 1861. The very stiffness which unfits the Englishman for capering to the lascivious music of a lute, becomes an element of positive strength when he hears the order to "shoulder arms!" It tends to give him both that precision of movement and fixed rigidity which, in some degree at least, begets coolness under fire. Add to these certain matchless qualities possessed by the entire Anglo-Saxon race, and you have a union which, in the language of the press, has enabled British battalions to pluck victory on so many battle-fields from Fontenoy to Inkerman.

After the review came at night the illumination. This display is confined to Western London, which is the Court end of the metropolis. To my eyes it was a very tame affair. The sight-seers were many, but the sights to see were few,

indeed. A small number of houses only, either public or private, were lit up. The letters V. R., plain and variously intertwined, made visible by gas jets, shone here and there, and made much the larger part of the designs. The shop of Poole, the tailor, was by far the most conspicuous in its display, and here the lights, arranged to blaze behind different and brilliant colored glass, produced a really fine effect. The design represented "a stately pleasure house, with crystal and golden columns, emerald wreaths, and tawny lions, both *couchant and rampant*." The next most noticeable place was a celebrated Scotch goods house in Regent's Quadrant, which flamed with many-colored thistles. Elsewhere there were crowns, wreaths and bowls of flame. I saw no where either calcium or electric lights. But however small and inferior the illumination as such was, the crowd, which was vast indeed, was most orderly throughout. In spots it was joyous. It didn't yell, and I saw no drunken people in it. It walked and talked and laughed and smoked and looked on, and indulged in the very harmless sport of squirting rose-water from small syringe vials into each other's faces. I thought the fun rather good until three or four vials were leveled at me at the same moment, when I got more of the pleasant-smelling fluid than I bargained for. The vendors of the little vials greeted you at every step, offering their wares at "h'only a penny."

I have now witnessed as many ovariectomies as I care to see. The larger part of them have been simple and of easy execution. A few have been formidable, and one ended in death before the patient was removed from the operating-table. In this case the adhesions were so extensive, and implicated the pelvic organs to such degree, that between the shock and hemorrhage the patient succumbed just as the operation was completed. If there be one characteristic which, more than another, distinguishes the operators whom I have seen do ovariectomy here, it is the extreme attention they give to the details of their work. They are all cautious; some of them, I think, needlessly slow. They guard especi-

ally against hemorrhage, seizing and twisting or tying the very smallest bleeding vessel. I do not observe that even Mr. Wells exhibits more care or caution than Mr. Thornton or Dr. Bantock, his successors at the Samaritan Hospital. He and his assistants are perhaps more silent, for there is not a word spoken by either during the entire operation. The stillness which pervades the scene is, I must say, to me somewhat oppressive: it is funereal. Everything which can by any possibility be required by the surgeon during the operation is put within easy reach. Each assistant knows just what will be required of him. And thus, with not a word spoken, everything moves as noiselessly and as methodically as well-oiled machinery—a veritable pantomime from beginning to close. In every operation I have seen done, catgut was used for ligatures, the ends being cut close. The pedicle was secured by silk and returned to the abdomen, the incision in which was closed by silk sutures.

A few weeks ago a patient was admitted to the Samaritan Hospital, with what was believed to be a calculus of the right kidney. The staff of the hospital was unanimously of that opinion. Certainly the history of the case, and repeated examinations of the organ through the abdominal walls, pointed to calculus. The pain and suffering were such as to make an operation desirable. The patient wished it performed. Mr. Thornton, Mr. Wells being present, did it. He cut cautiously and slowly down upon the kidney from behind. On reaching the organ this was found to be enormously enlarged, projecting some distance below the crest of the ilium. When incised, a pint or two of urine dashed out. Mr. T. then carried his finger, and subsequently a long probe, into the kidney through the opening, but failed to find any stone. The cyst, if it was one, was well syringed with antiseptics, a drainage-tube inserted, a large portion of the cut in the integuments brought together by sutures, and the patient placed in bed. I watched the case with much interest. Nothing occurred to excite the slightest apprehension. The patient said the old dragging and weight and pain were gone. Her temperature

never rose to 100°; and so far, indeed, as her several symptoms went, she did not even seem disturbed by the operation.

Mr. Thornton has recently reported two cases of chronic cystitis in the female, which he treated with marked success by injections of quinia into the bladder. He gives the credit of the practice to Mr. Nunn, of the Middlesex Hospital. I fancy the practice originated in Germany. I myself used quinia in this way twelve and more years ago; and I know many Kentucky physicians who also do, notably Dr. Douglas Morton and Dr. Ely, though the latter prefers injections of chlorate of potash.

Mr. Richard Davy has now practiced excision of the cuboid bone for relief of talipes-equino-varus, in all nine times, and with almost uniformly satisfactory results. Before operating on his last case—which I saw—he remarked to the class, at the Westminster Hospital, that while his success in the operation had been all perhaps he should desire, that he would still reserve the procedure for the severer cases of the affection. He did his first operation on the living subject in 1874. His mind was, perhaps, as much directed to the procedure as a possible means for the cure of this variety of talipes, by a case which occurred in the practice of his colleague, Mr. Barnard Holt, where, in a twelvemonth after the cuboid bone had been removed for caries unattended with club-foot, a talipes valgus, the antagonistic variety to varus, occurred. The loss of the bone in no wise interferes with locomotion. The injury inflicted on the outer wall of the foot heals kindly, while the subsequent treatment of the case by instruments is simplified and facilitated in every way.

Mr. Davy first saw this patient in 1874. He was then fourteen years old, and had been almost uninterruptedly in the hands of orthopedic surgeons. After having a plaster cast taken of the foot, Mr. D. excised the cuboid bone in January, 1875. The benefit which ensued was very great, and the contrast between the shape of the foot, as shown by the cast before and after the operation, was most striking. Yet the member was not exactly all that could be desired, and Mr.

D. thought it might be much improved by the removal of a wedge from the tarsal remnant, so as to make the patient absolutely a plantigrade, and to banish in future all surgical treatment and instrumentation. Mr. Davy narrated in a few words his experiments on the removal of the cuboid bone in 1873; how he had practically demonstrated that an accurate excision of a tarsal wedge was required for a complete cure: and while admitting that prolonged instrumentation, cutting tendons, manipulation, etc., would correct distortion temporarily; yet so surely as a urethral stricture recurs, so also would the deformity until the bone assumed permanent misshape. Hence he thought it the duty of the surgeon to strike at the root of the matter by rectifying bony distortion, and by osseous union preventing its recurrence. The lecturer added that he much preferred one large operation to a host of smaller ones, and he was able to say now, after his ninth case, that the results of attacking the tarsal arch (osseous), for the cure of club-foot, were sufficiently gratifying to ensure their repetition.

The patient being chloroformed and Esmarch's bandage applied, the foot to be operated on was put in a stationary iron vice, the inside of the jaws of which were covered with cork, so as to insure against injury of the structures. He then cut directly down on the outer aspect of the foot to the cuboid, dividing the indurated skin and bursa. A second incision, extending toward the dorsum of the foot, gave a T-shaped cut. Two stout wires were now inserted, one into each flap, and used as retractors. The upper and outer surfaces of the cuboid were then completely exposed, and with a chisel with a very thin blade the necessary wedge was carefully cut from the bone. The wound was closed by several sutures. No dressing was applied further than an internal foot and-leg splint, secured by a gum and chalk bandage. The operation completed, the foot was brought at once and without difficulty into its proper line; and, without some untoward result, the lad will soon walk out of the hospital a plantigrade.

Mr. Davy said that when he removed the cuboid entire, he was in the habit, after the preliminary incisions, of screwing the bone-forceps well into the cancellous structure of the cuboid, and then expanding the blades until a firm leverage is obtained. The ligaments around the bone are next divided, and the bone being well lifted out of its place, injury to the tendon of the peroneus longus is avoided by pressing the edge of the knife close to the under surface of the bone itself.

About the time that Mr. Davy was operating at Westminster, Dr. Schede, of Berlin, as I see in a medical journal, exhibited at the medical society in that city, a case of congenital club foot, in which he had removed a wedge-shaped piece of the tarsus with successful result. A similar case was shown by another surgeon, Dr. Meusel, who, very wisely I should say, cautioned against removing too much of the bone, lest the foot be made too short. Mr. Bryant did the same operation last week. He did not use the vice recommended by Mr. Davy, and which I think really facilitates the work. Mr. B. told me he did not find it necessary. Mr. Davies-Colles, of Guy's Hospital, has, I learn, operated with very excellent results in quite a number of cases.

The tercentenary of Harvey was recently commemorated by the Royal College of Physicians, in a banquet at their institution. Dr. Risdon Bennett, the president, occupied the chair. Professor Huxley, Dr. Richardson, Dr. Lyon Playfair, Sir Wm. Jenner, Dr. Quain, Mr. Gladstone, and many other notabilities in science and politics, were present. The speech of the evening was made by Professor Huxley. I make room for one or two extracts, which will serve to show the drift of his remarks. He said:

"Harvey's title to their honor and respect seemed to him to be essentially three—first, that he was the discoverer of the circulation of the blood; secondly, that he wrote '*De Motu Cordis et Sanguinis*,' and, thirdly, that he was the author of that remarkable treatise, '*De Generatione*,' in which were laid the foundations of that great doctrine of genesis which underlay all our modern conceptions of development. Harvey's first title, as they were doubtless aware, had been challenged,

but, so far as he knew, to the signal confusion of the challengers. Having taken great interest in the question, he had endeavored to acquaint himself with all the documents bearing upon it, and he had not the slightest hesitation in asserting that William Harvey stood almost alone among scientific discoverers, not merely in the fact that, as Hobbes said of him, he had the great good fortune to see the novel views which he had proposed accepted within his lifetime, but also in this—that his doctrine of the circulation of the blood, as he put it forward, was not only absolutely original as regarded himself, but absolutely novel in respect to all those who had gone before him. Previous to the year 1628, when Harvey expounded his views, there was not, he ventured to assert, in any published work, he would not say a statement, but the hint of a suggestion, that anybody had ever imagined that a given particle of blood starting from the left side of the heart returned in a short time to the point from which it started. That was the substance of Harvey's doctrine, and those who wanted to show that Harvey was anticipated would have to show what, he ventured to declare, did not exist. The memorials which they had heard of as being erected in Italy and Spain to other discoverers of the circulation of the blood were, therefore, to those acquainted with the facts of scientific history, nothing more than a proof that, even outside churchyards, inscriptions were not always to be depended on as historical. He had no sympathy whatever with chauvinism of any kind, and least of all with that particular form of it which introduced national jealousies and national pride into the regions of science. He trusted they would all be ashamed to allow their judgment as regarded William Harvey's merits to be influenced in the smallest degree by the fact that he was an Englishman; but the incontestable fact being that Harvey was an Englishman, he saw no reason why they should not take an honest satisfaction in being members of the great race which had produced him. And when they reflected that within a century this English stock of ours had produced two such men as Harvey and Newton he thought they had not only reason for the self-congratulation he had referred to, but that they were under a heavy obligation not to allow themselves in these times to be seduced from the path of science by mammon-worship, or deterred from following it by the blind and ignorant outcry against scientific investigation.

"The second title which he had attributed to Harvey, namely, his authorship of the work, '*De Motu Cordis et Sanguinis*,' might surprise some, considering that this was only a treatise of fifty pages. But it was to be borne in mind that it was not only a model of scientific statement, but that, in addition to the doctrine of the circulation of the blood, it contained the first exact explanation ever given of the mechanism of the heart. In his work, '*De Generatione*,' which constituted

his third title, Harvey grappled with one of the most difficult problems of biology. It was a problem which from the nature of the case could not be solved without the aid of that invention of later times, the microscope, and Harvey had at the most a little hand-glass. His theory of the essentials of the generative process, and of the first changes that occur in development, were consequently erroneous, either directly or by their inadequacy. But it was the privilege of great genius to be able to distinguish instinctively between truth and error; and in this particular case of Harvey's, they found themselves in presence of what was one of the most wonderful facts in the history of science, namely, that although entirely wrong as to his primary data and as to his general conclusions, yet in the matter of theory he anticipated, almost verbatim, the results at which men had arrived only in these recent times. For a hundred years his successors went entirely wrong, and it was only in the middle of last century that they began to go back to Harvey's traces. It not infrequently happens that the reputation of men of genius was besmirched with some unfortunate failing, but there was no stain upon Harvey's escutcheon. Nor was he a man of one pursuit or one book. A diligent lover of the classics, a great student of philosophy, faithful and generous in all the relations of life, the most that was said against him, even in the shape of gossip, was that he had a hot temper, and could say sharp things on occasion. He certainly should not venture to throw stones at him for that. Whether gossip was right or wrong in this matter, so far as Harvey's private life was concerned, he did not suppose, judging from those of his writings which remained, that since scientific controversy existed there ever was a man who, having been so much attacked, took the trouble to defend himself so little, or who, when he did defend himself, spoke with such altogether angelic sweetness. As regarded his other personal qualities, the more one studied his works, the more one was inclined to represent him to oneself as a man who was willing enough to receive honor if it came to him, but who, if it did not come to him, could do exceedingly well without it; and who found his great pleasure and satisfaction in the peaceful pursuit of that inquiry into nature of which he constantly boasted the charm."

Mr. Gladstone responded to the toast, "General Science and Literature." The President having stated, in his opening remarks, that none of the members of the profession had gone to the peerage, but that two dukes and a marquis had come to them, Mr. Gladstone said:

"Dr. Bennett might have taken up much higher ground on behalf of his profession, because sooner or later all members of the peerage, equally with commoners, were obliged to knock at their doors and

request their assistance. Great as had been their profession in former times, every one must feel that it was growing greater, wider, more solid from year to year and from generation to generation. He did not speak now of literary culture, for although he felt that literature had stood in a very important relation to the medical profession of late years; still literature was necessarily fluctuating, and had been so in all periods of the world. They had gone through a great literary age, as other races had done before, and they could hardly expect the succeeding generation to maintain the same literary level. But as regarded science the case was very different. Nothing here seemed to be required but that patient labor which it was in the power of all men to bestow, together with those large opportunities for observation which we all enjoyed in some degree if we would but use them, and which medical men, perhaps, enjoyed in a greater degree than any other class of men. As society was developed, as civilization became more elaborate, as the wants of men, as the enjoyment of men, and as, perhaps, also the dangers of men multiplied, and as the connection of body and mind, which was daily under their eyes, became revealed, they would find their way more and more into the very innermost chambers, so to speak, of human nature. As science progressed their responsibilities would increase, but he was sure they would never be wanting in that capacity and zeal which had ever distinguished them, and that in proportion as their influence over human welfare and human happiness increased, they would obtain that respect and gratitude which, amid their imperfections, mankind were ever ready to extend to their benefactors."

On Wednesday, June 26, Prof. Burdon Sanderson delivered the Harveian Oration before the Royal College of Physicians. The distinguished teacher begun by repeating the three purposes which Harvey, in his deed providing for this oration, required the orator to have in his mind:

"One of these was that he should exhort the Fellows of the College to concord; the second, that he should call to mind our benefactors, and stir up others to follow their example; and, finally, that he should exhort the Fellows and Members of the College to study and search out the secrets of nature by way of experiment."

Touching on the two first, Dr. Sanderson exhorted the Fellows at much length, and in a most interesting way, "to study and search out the secrets of nature by way of experiment." He especially urged the younger men to take up the work. Of the older members he said if they had not already learnt

the lesson expressed in their motto, it was too late to learn it now; the work would have to be trusted to younger hands—to those who had more leisure.

"If research is to be done at all," he added, "it must be begun in the morning of life. One reason of this is the internal condition of intellectual fitness; the other, the external one of leisure. Of the first I need say little. It can scarcely be questioned that it is in early maturity that the mind is most capable of the continuous struggle of which, as we have seen, research consists. For those qualities of mind which specially belong to the naturalist—the lust of knowledge, the love of truth, and the joy of successful effort—are apt to lose their power over us as life advances. As a rule, therefore, we should begin to work early, and work while it is day, for the night cometh, when no man can work."

Dr. Sanderson then pointed out how such studies should be conducted. As regards leisure for this kind of work, he said it was generally understood that a man who aims at the high professional position occupied by the Fellows of the College of Physicians, may reckon on ten or twelve years which are for the most part at his own disposal. Much of this time he would have spent in the German schools, which he thinks afford much better fields for experimental research than the English colleges. He thought the London schools afforded everything required for the acquisition of the skill and knowledge necessary for the practice of medicine and surgery, but were deficient in matters of experimental research. He said:

"It is not merely because the imitation of Harvey is denounced by public opinion and impeded by legislation, that it is desirable that he should cross the Channel, but rather that during the last twenty or thirty years we in England have, like the foolish virgins, been quietly allowing our lamps to go out. While we have been contenting ourselves with putting up statues to Harvey, dining in his honor, recounting his great achievements, we have handed over to others the doing of his work. Until, therefore, England again takes the place that formerly belonged to her in physiological research, those who desire to devote some part of their life to searching and studying out the secrets of nature, will act wisely in so arranging their plans of study, that some years may be spent in the schools of other countries."

He then paid this tribute to Germany, who, he said, "recognizing that the progress of the art of healing depends as

certainly, though not so directly, on science as the art of war, has erected during the last ten years, in all the great centers of medical learning, specially endowed institutions or schools for the experimental study of those two sciences, which together make up the one science of medicine, namely, Pathology, the knowledge of the cause and nature of diseases; and Pharmacology, the knowledge of the mode of action of remedies." He then asked how it happened that the countrymen of Bacon, Newton, Harvey, John Hunter, and Chas. Bell, with all their boasted wealth and unequaled resources, and who, in certain directions, spent their money so lavishly, should make no provision for the prosecution of experimental research either in pathology or therapeutics? The answer with which he concluded his admirable discourse, was in these somewhat mournful words: "That the time has not yet come. Sooner or later—perhaps twenty years hence—it will certainly be recognized that the scientific investigation of the essential nature and origin of disease, and of the mode of action of remedies, is a matter of no less importance to the public welfare than the application of the sciences of physics and chemistry to the invention of new methods of destroying human life."

It certainly required a man of nerve to dwell in so plain a way on such very unwelcome truths. The lecture will appear in an early number of the British Medical Journal, where you will have an opportunity of reading it in full.

On Tuesday, June 24th, Mr. Bryant performed left lumbar colotomy upon a man aged thirty-nine years, married, with five children, who had never had syphilis. He had been quite healthy up to fifteen months before, when he first had constipation which medicines failed to relieve, and anal troubles which were regarded and treated as piles. After a time anal discharges appeared, with occasional blood and mucus with the motions. The difficulty in defecation steadily increasing, he at last went to an old Guy's student, who examined him *per anum*, and finding extensive disease about the bowel, sent

him to Mr. Bryant. On admission, the man was emaciated but not otherwise cachectic. The abdomen was distended, and in the left iliac fossa tender, and on palpation some tumor could be made out, but whether fecal or otherwise could not be determined.

An examination *per anum* revealed a mass of new growth in front of and surrounding the bowel, which so encroached upon its lumen as almost to occlude it; probably a No. 10 catheter could alone pass. The disease was supposed to be cancerous. Under these circumstances, as excision of the mass was out of the question, and the expectant treatment could only end in a speedy death, colotomy was advised and consented to.

Mr. Bryant remarked upon the benefit which the patient was likely to experience from the operation as now about to be performed, the man not being too feeble or exhausted to derive full advantage. As a rule, the operation was put off too long; and this fact was to be explained as much by the reluctance on the part of the practitioner in attendance upon the case to advise its performance, as by the patient to have it performed. For his part, after having had at least fifty operations, he never regretted having performed it, although he had often regretted not having performed it earlier; for where colotomy was successful, it always added immensely to the patient's comfort, and generally increased the span of the patient's life. He added also that the objections to the operation were really theoretical, for patients with artificial anus had on several occasions told him that they would not have the artificial opening closed, even if desirable, as the inconvenience connected with it was not so great as has been imagined.

Mr. Bryant is an exceedingly pleasant lecturer. While he was speaking the patient was brought under chloroform, when the operation was done after the manner described by Mr. B. in his work on surgery. Not a teaspoonful of blood was lost. Mr. Bryant recently read before the Medical Society of London an exhaustive paper on the Surgical Treatment of Intes-

tinal Obstruction, which, if I have time, I must make an abstract of for the readers of our journal. The discussion which followed the paper served to show that all Englishmen even are not amiable, one surgeon at least speaking in a most unbecoming way concerning certain historical points in the essay. Mr. B. made no reply. Perhaps this is the best way to deal with such people, but I am not altogether sure of it.

Through the kindness of Mr. William Adams, I have been enabled to see several cases of broken nose in his private practice, which were being treated by forcible straightening and the subsequent use of retentive apparatus. He gave me, at the same time, the text of some remarks he had made last winter on the subject before the Medical Society of London. He divides cases of broken nose into two classes:—1. Where the cartilaginous septum is depressed and bent to one side, so as to plug one nostril, interfere with the passage of air, change the voice and give rise to *ozena* by causing retention of the nasal mucus; 2. Where, in addition to the above, the bones themselves are broken. For the operation, Mr. A. uses a pair of large flat-bladed forceps, with which he straightens the bent cartilaginous septum, and when possible raises the lower margin of the fractured bones; afterwards retaining the septum in position by an ivory clamp, and keeping the nose in position by a nose-truss. He still uses his forceps, first applied by him in 1861; but the retentive apparatus for the septum, and the truss he now recommends, are decided improvements on those which he used in his earlier operations. The present instruments, consisting of an ivory clamp with rack-and-pinion movement, and a truss made of a broad metal forehead-band, with two double-action rack-and-pinion movement levers, with adjusting plates, seem to answer the purpose well. Mr. A. said that the necessity of retentive apparatus in cases of broken nose had been questioned by some surgeons, from the absence of the causes of displacement by muscular action met with in the extremities and other parts of the body; but, if it could be dispensed with in some cases

of recent injury, he considered that it never could be dispensed with in cases of some months, and frequently of several years after the injury. He referred to three cases which had been under his care, occurring in young ladies between thirteen and sixteen years of age, who had met with accidents eight or ten years previously by falls.

"Increasing deformity of the nose was observed at this period of development; and, upon examination, one nostril was found to be completely plugged by lateral bending of the cartilaginous septum; the breathing and the voice were both interfered with, and ozena generally existed. In these cases, the nose was completely and permanently straightened by the plan of forcibly straightening the septum, and afterwards continuing the use of the retentive apparatus, the ivory clamp being used continuously for three or four days and nights, and afterwards at night only; whilst the nose-truss was worn during the day for several months."

I know that much of this is not new to you, yet I have thought it of sufficient interest to make a note of.

Mr. Adams and Mr. Fisher have recently been experimenting, at the National Orthopedic Hospital, with Ahl's porous felt as a substitute for the plaster and other jackets in spinal curvature. The felt is first molded on lay figures of different sizes; then divided in front and provided with eyelets, so as to be laced up like a corset; indeed, it is but a corset of felt. Selecting a size as near as possible suited to the patient, the felt is put in an oven which is heated to 118° Fah. A higher temperature than this renders the felt brittle. With this, the material is entirely pliable, and if adjusted at once to the patient's trunk it accommodates itself very evenly and well to the distorted spine. Care must be taken to protect the body by a thick layer of cotton, else the heat of the jacket will be intolerable. I have seen quite a number of the shells applied, but I am doubtful of their success, except in cases of lateral curvature, or in such others as it may be desirable to put them off and on daily—as, for instance, in convalescent cases. I have used, for several years past, a Manilla paper and cotton cloth jacket, open and worn as a corset in the class of cases I have alluded to. Mr. Fisher tells me that he intends

continuing his experiments with the felt, and when he has satisfied himself of its value he will report.

Mr. Balmanno Squire has constructed a telephone so small that it may be conveniently worn in the external auditory meatus. The wires leading from the ear to the other end of the instrument are so very fine as to be invisible except on close inspection. Mr. S. hopes that his little instrument may eventually be brought to be useful to deaf persons.

Mr. James Startin, one of the surgeons of St. John's Hospital for Diseases of the Skin, has, in the treatment of the troublesome redness and vascularity of surface which often remains after acne has been in one sense removed or cured, had marked success by touching the little indurated spots and venous plexuses with the acid nitrate of mercury. He applies it by means of a spun-glass brush, followed by the immediate use of bibulous or blotting paper. One or two applications usually suffice to effect a cure. No scar is left. The diseased capillaries soon become healthy. In certain cases the larger capillaries resist the mercury. Mr. S. then splits each engorged vesicle with a knife. If the hemorrhage following this little operation be troublesome, he compresses by means of a small iron ring, fixed in a handle, the bleeding vessel and touches its ends with a bit of nitrate of silver. This immediately arrests the bleeding. The stain left by the silver he subsequently removes by the application of a solution of the iodide of potassium.

Dr. Peter Eade, physician to the Norfolk Hospital, advocates the use of carbolic acid, either pure or in strong solution with glycerine, applied directly and abundantly to the diseased surfaces, in carbuncle, boils, pustules, festering ring-worm, pustular acne, sycosis, and other festering as well as scrofulous sores. This practice has, as you know, been in general use in America for quite awhile past. The late Prof. Nott, of Mobile, first called attention to the value of carbolic acid injections made into carbuncles; and no one who has experienced the relief afforded by this treatment will ever apply any other. Dr. Nott thought it necessary to apply the

acid in solution. Subsequent experience has shown that the acid is equally as efficacious if applied by means of ointments, while it can in this way be kept more continuously to the seat of the disease. But in whatever way used, if the acid be but in sufficient strength, it affords almost invariable and quick relief to the pain of either carbuncle, furuncle or pustule.

A correspondent, in a late number of the British Medical Journal, claims to have used hypodermic quinine successfully in checking night-sweats in a case of phthisis.

Dr. Gower, of University College Hospital, has been giving careful trial of the hemacytometer as a means of testing the value of certain agents in the treatment of anemia. In one case, where he found the percentage of red corpuscles forty-eight, a course of liquor ferri chloroxydi, continued for five weeks, gave the following weekly changes:—forty-eight, fifty-six, sixty-eight, eighty-five, and ninety-eight per cent. The improvement in the color of the blood did not keep pace with the increase of the corpuscles; from which Dr. G. infers that iron is capable of increasing the formation of blood cells, apart from an increase in the hemoglobin.

In a case of lymphoma of the neck, fifty-two denoted the percentage of corpuscles. Phosphorus was administered in doses of one-thirtieth of a grain *ter in die*, gradually increased to six daily doses. In one month corpuscles rose to sixty-six, in another month to seventy-four per cent. In still another case the corpuscles rose, under the same treatment, from fifty-two to eighty per cent.

Have you seen the notice given in a late number of the British Medical Journal, of Sayre on Spinal Disease and Spinal Curvature? The writer declares the plaster jacket to be "among the most valuable resources of practice," "an inestimable boon to humanity," and concludes his most cordial notice in the following generous, hearty way:

"The practical genius, the generous energy, the apostolic fervor which Dr. Sayre devoted to its perfection and to the mission of popularizing its use on both continents, deserve to be remembered among the most admirable achievements of modern surgery. The book itself is interesting as a novel; it bears the stamp of a peculiar individuality;

it is written with a strong enthusiasm ; and has exaggerations of style and manner which may readily be excused by all, while, by many to whom the author became known, they will be welcome as recalling the peculiar idioms and combined genius, humor, pathos, and ruggedness which made Dr. Sayre a striking and memorable figure in all the surgical assemblies in which he was seen during his visit to this country."

The news, my dear Parvin, of your elevation to the Presidency of the American Medical Association, the highest office in the gift of the profession, has given great pleasure here, not only to such of the London faculty as you know, but also to quite a number of American physicians who are visiting here. I need not tell you that it made me very happy. A gentleman was once enjoying himself greatly at a public banquet, when observing three very silent individuals who appeared to be in much distress, he asked who they were? He was told, "Oh, they are the speakers; the men who are to answer toasts, you know." You will experience for a season somewhat similar feelings to those of the banquet speakers. Now that you are President, you will be expected to give an inaugural. That's the fixed price of the boon, you know, and it is not the easiest thing in the world to do.

Always, my dear Parvin, faithfully yours,

D. W. YANDELL.

Reviews.

Physics of the Infectious Diseases—Comprehending a Discussion of Certain Physical Phenomena in Connection with the Acute Infectious Diseases. By C. A. LOGAN, A. M., M. D. Chicago: Jansen, McClurg and Co. 1878. 12mo., 212 pp. Price, \$1.50.

In these days there are books and books. Some books indicate their contents and their purposes by their titles; but occasionally one meets with a book with an equivocal title, and even after a careful reading one is not certain what it means, nor clearly discerns its intent. The book under notice belongs to the latter class. It is a neat duodecimo of two hundred and twelve pages, divided into six parts, thirty-two chapters, and numerous but uncounted sub-headings. It has a dedication, a prefatory note, an introduction, a conclusion, and an addendum, and yet its purpose is obscure. In several places it hints at a great work by the author which is to follow, and this is repeated in the addendum as a parting word. Now, if the chief service of this book is as a herald and a forerunner of a more extensive work of the same character, and the readers of the present are expected to be advisers of the propriety of the issuing of that which is to come, one can conscientiously repeat to the author the laconic advice of the London Punch to young people who were about to get married, to-wit—*don't*.

This little book bristles with quotation-marks attached to single words, is adorned with many italics, brilliant with words in foreign languages, both dead and living, and studded with common words in unusual associations and unique combinations—all of which, taken together, have the double value of

proclaiming the freshness of the author and his own sense of the importance of what he has to communicate.

The title "Physics of Infectious Diseases," does not convey an exact idea, but is perhaps appropriate for a book that wanders in a sciolistic way over a good part of the domain of natural science, applied and pure, with excursions into the realms of social science, chemistry, astronomy and medicine, finding its most congenial loiterings apparently in the groves of speculation.

Let us examine some selected samples of this publication, to the end that the reader may not be wholly dependent on the opinion of the reviewer for the means to make a safe estimate of the merits of its author's work. The opening paragraph of Part I is this, page 13:—"A class of diseases, variously denominated in later times zymotic, infectious, contagious, miasmatic, miasmatic contagious, etc., etc., ravaged the earliest ages of which we have any authentic record; and have transmitted themselves, probably under the identical features and aspects which originally characterized them, through all the eventful centuries of the past, and now stand before our own generation as a monument of human mortality, which has escaped the changes of time upon the one hand, and, in great part, the assaults of advancing science upon the other." Rather a longeval, active, ingenious and defiant set of diseases these, that have existed always, erected themselves into a monument that has resisted the gnawing tooth of time and the undermining ways of art, and still stands horribly before us.

Speaking of winds, our author says, page 32:—"The south-east trade, which should carry the eastern clouds with which to fructify the whole South American continent, is met by an icy barrier, arresting the clouds in their flight, robbing them of every drop of their moisture and creating districts to the west of the great chain, rainless during the whole or a portion of each year." Not only is this part of South America, but all the earth beside, is "rainless during the whole or a *portion*

of each year;" and one can but wonder where that icy barrier was going when it *met* the clouds; and, moreover, what is a cloud like, or what is left of it, when robbed "of every drop of moisture?"

Our author is strong on earthquakes. On page 36 we find: "Every one knows that the generally accepted theories of earthquakes rest upon the assumption of an internal molten condition of our globe, through which gases are generated, producing tension and vibration of the earth's crust, either through waves or distant impact. Whether or not this internal molten condition exists, we need not here inquire. So far as the theories themselves are concerned, the author is bound to believe, in view of his own observations, that they are entirely fallacious. . . . An earthquake, then, does not represent a mere vibration of the earth in consequence of percussion or impact at a distant point, but *directly caused by the actual transmission of a certain form of energy, from point to point covering the manifestation of the attendant phenomena.*"* We can all understand earthquakes now! The error of the old notion, and the truth of the new, are established by such evidence as this, found on page 38, where the author asserts that a man in Santiago "is awakened if asleep, a few minutes before a shock, and by those which are not preceded by a noise, as well as by those that are;" and that "a lady in the same city is able to predict violent shocks by peculiar sensations which she claims to experience in her feet." And again on page 51:—"Suddenly the *aurora australis* lit up the southern sky, from the pole to the cloud above mentioned, glimmering like the soft sheen of a midsummer's moon. 'We shall have a shake before morning,' said a friend to the writer, while looking at the beautiful phenomenon. Scarcely was the sentence completed when it came like a rush of lost spirits, clanking their chains in the wildness of despair." The force of this last sentence is somewhat marred by the fact that but

*Quotations from the book are all made literally, including italics, small caps, punctuation, etc.

few mortals have been favored to witness the "rush of lost spirits, clanking their chains in the wildness of despair." But it is a great consolation to know that these dreadful things need not continue always, for our author has a simple remedy for the abatement of earthquakes, announced in these words on page 54:—"Hence, the writer, when frequently asked in South America, if, in his belief, earthquakes were preventable, he invariably replied, that they could be pretty effectually prevented by *leveling down the Andes*, so that there would be no altitude above or near the snow-line."

Ozone is another thing on which our author dwells in love, and continues at length. He describes it by saying "its formation" is "dependent upon the condensation of oxygen into two-thirds of its former volume;" and then, after devoting pages to its great powers and saving virtues, fairly imbuing one with the idea that it is the supporter of all good, and the destroyer of all evil, he dashes our hopes by giving it this left-handed slap, page 48:—"It must be admitted, however, that up to this time, experiment has failed to establish fixed axioms regarding the precise relationship of ozone not only toward parasitic life in general, but also toward that remarkable class of diseases, capable of suddenly invading the citadel of health by unseen enemies and through unknown portals, and with giant hands laying it in ruins." These "giant hands" are powerful, and seem to shatter a magnificent "citadel" into awful ruins remorselessly.

Leaving, for the nonce, the wider fields of general physics, our author heads the first chapter of Part IV, "IDEAL FUNCTIONS OF THE NERVOUS SYSTEM," and the second paragraph is this, page 107:—"The animal organism is built upon the central nervous system. Each living molecule, as well as each of its atoms, however remote from the center, holds its vital structure only so long as it remains within the influence of that principle, which physiologists have variously denominated the 'vital force,' the 'nervous force,' etc. Every physical and vital operation of the system, from the raising of a finger to

the fabrication of the most complex solid or fluid structure, is performed under the immediate influence of this mysterious agency." And a little further on this:—"And it is very evident, that just as the sun is the central reservoir of energy for the planetary system about him, so is the *central nervous axis the reservoir of that vital energy* through which our physical structure is maintained." And on next page this:—"If we go deeply into the minutiae of generation, and tabulate the results of all our investigations as to the make-up of the fertilized germ, which is destined to expansion into the animal life, we shall find them expressed by a *curved line*—a very small line, to be sure; but it is the first marking of the future figure, from which, as a center, every other must be drawn in order to complete the proportions of the developed object." And on page 111 this:—"Animal existence resides, *de facto*, within the central nervous axis; and the first inspiration of the fetal being gives independent birth to a form of energy destined thenceforth to furnish the conditions of its own perpetuation within that particular economy, wherein the capital facts of life run in a circle without beginning or end, until the chain is broken by the hand of somatic death." And on page 115, after many fanciful statements, unsupported by authority, experiment or ratiocination, this:—"In all these statements the author feels that he does not 'theorize;' but is confident that he expresses many plain facts, a thousand proofs of which will at once suggest themselves to the observer, who has profited by study and experience." And the climax is capped in the next paragraph in this:—"Our propositions will now be summarized by the statement, that *animal life begins, resides in, and is terminated by the central nervous-axis.*" Surely a writer who could promulge such a nerve-physiology as evidenced by the foregoing, in the face of our present knowledge, should be regarded as a monument of self-sufficiency. And the "*Essential Construction of the Animal System*" is comprehensively set forth in this sweeping declaration, page 189: "If the proposition, that man is only a 'two-legged animal without feathers,' can not be maintained in our day, yet his

anatomical elements must be considered as essentially comprised of the *brain and spinal cord*. As has heretofore been stated in these pages, the animal life resides within those structures, or, more properly speaking, within that structure; as the organ, while consisting of different divisions and parts, is, nevertheless, possessed of all the attributes of anatomical and physiological unity. All other parts of the body are accessory to its material preservation and well being." Can anything be more simple, beautiful and complete?

In pathology our author is equally ecumenical, erroneous and unmeaning. Witness page 141:—"The organic molecule, though never having been handled like the inorganic, is, nevertheless, as much of a verity; and if we wish to deal intelligently with the maladies of the human body, we must approach it, in its atomic and molecular make-up, just as the chemist has done with the bodies falling under his scrutiny." "But just as certainly as that inorganic bodies are built up of molecules, which assume the relative situations *demanded by their polar forces*, and thus give form to the particular body, just so certainly is the organic body constructed *upon similar principles*." And on page 143:—"Every atom of the body is mapped out, so to speak, by its nervous energy, which it directly or indirectly receives from a special center of nerve-force." And on page 151:—"The infectious molecule, then, being a creature of energetic mutation, carries with it a *representative polarity*, which gives to it the infecting—shall we call it the *fermentative*—power; which power inheres to the molecule until other forces break it up or rearrange its atoms."

The book proper concludes with this poetic view, page 209: "To him who may develop principles which shall be potent to substitute strength for weariness; to cast out pain and call back repose; to beckon sleep, unmixed with the thick-coming fancies of the opiates, to the staring eyes; to

'Raze out the written troubles of the brain;
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of the perilous stuff,
Which weighs upon the heart;'

there will be erected a monument higher than the steeple of St. Paul's, and more enduring than the Pyramids, which, 'dotting with age, have forgotten the names of their founders.'" St. Paul's dome—it has no steeple—is three hundred and seventy-five feet high: the Pyramid of Cheops is over four thousand years old, and will probably endure yet more than ten times that period. The monument promised is, therefore, worth striving for!

Our author's "conclusion" concludes thus, page 211, alluding to the physician of the future:—"And while he sits at the bedside of his patient, and makes an ideal estimate of the sick man's vital power in *foot-pounds*, there need be nothing in his theory or in his practice, to conflict with the hope and belief in an immortal spirit of the earthly tabernacle, whose essence is of the Great Unknown." It is quite a consolation to have our author admit that the future is to have something belonging to the unknown.

Closing the volume with an "addendum," our author in it apologizes for his brevity, promising more fully to illustrate his views in a future, larger work, and intimating that he can be more scientifically accurate when it is needed. One can but regret that he did not see the need in the present case, as in that event our hopes for the future would have been more cheerful. As it stands, making an effort to estimate the scientific value of the book as a whole, one feels like placing its assumptions of thorough knowledge on an approximate equality with that portrayed by a passage in a recent publication, viz., "When Mr. Field's 'Village Dogmatist' was asked what produced rain, he leaned upon his cane and answered with an air of profound wisdom, that 'when the atmosphere and hemisphere came together, it causes the earth to sweat, and thereby produces rain.'"

Announcements in the book advertise us that its author was, for four years, United States Minister to Chili, and this non-professional service may account, in part at least, for some of the peculiarities of the book, as both diplomacy and Spanish American society give an impetus to the cultivation

of grandiloquence, hyperbole and fustian. And the necessities of such an engagement may also signify why the matter of the volume is not abreast with the knowledge of the scientists and medical philosophers of the day; for it is obvious that one not especially trained to diplomatic life would, during his novicious four years representing the United States at a foreign court, have all his faculties occupied in the study of the essentials of his new sphere, and in enjoying its high privileges and fresh allurements, leaving but little time to devote to the progress of science and the advance of medicine.

J. F. H.

The Atlantic Islands as Resorts of Health and Pleasure. By S. G. W. BENJAMIN. Illustrated. New York: Harper and Bros. 1878. 274 pp.

This book might have its title changed to "a narrative of the author's visits to the healthy islands of the North Atlantic, with an appendix informing how to get to each island, the expense of the voyage and the cost of living after arrival, together with such statistics of inhabitants, health, game, fish and industries, as will meet the inquiries of all classes of travelers; and includes the author's views of, and expenses with, the people visited, their manners, customs, habits and laws." The title would then convey all the information that the reviewer would wish to present, except that the narrative part covers two hundred and fifty-five pages, is well written, instructive, entertaining, and handsomely illustrated, and the appendix of twenty pages is occupied with the directions for travel, and the places and prices of entertainments on the islands.

The work gives the foregoing particulars in regard to the Bermudas, Azores, Channel Islands, Madeira, Teneriffe, Newfoundland, Beellesle-en-Mer, Prince Edward's Island, Isle of Shoals, Cape Breton Island, and Isle of Wight.

The author is not a medical man, but he is a good traveler, a good writer, and has talked with doctors.

J. F. H.

The Antagonism of Therapeutic Agents, and what it Teaches. By J. MILNER FOTHERGILL, M. D., Edinburgh. London: Macmillan and Co. 1878. 148 pp.

This essay, to which was awarded the Fothergillian Gold Medal of the Medical Society of London for 1878, is a work of which the author has a right to be proud, and for which the profession will be grateful. Unlike so many other prize essays, it fully deserves the prize awarded to it. The subject is one of great practical importance, which is just beginning to receive the attention it is entitled to, and this essay will do much toward bringing an interesting and rich field of observation prominently before the profession.

The first part of the essay is devoted to an experimental inquiry into the antagonism of various remedial agents, such as atropia and physostigma; strychnia and chloral hydrate; morphia and belladonna; morphia and theine caffeine, etc.; bromal hydrate and atropia; picrotoxine and chloral; aconite and digitalis; aconite and atropia; strychnia and aconite; atropia and pilocarpine, etc. This part of the essay is exceedingly well written; unincumbered by needless details and negative results, it is clear and succinct, and, unlike most of such records, is very interesting. It is needless to mention these experiments separately, as their practical results are given, and with them the general reader is most concerned.

The second chapter is devoted to a practical inquiry into the action of various remedial agents, and is most interesting. It presents, in a short space, not only the author's own views but also those of other leading experimenters and physicians.

Dr. Fothergill calls attention to the soothing effects of calabar in certain forms of insomnia, and during the periods of excitement in insane paralytics. The drug was found to calm the patients by its effects upon the circulation and respiration, while its action upon the spinal centers and the muscular system deprives them, to a great extent, of that muscular force which is a source of danger to themselves as well as to those

restraining them. It also produced an effect in retarding the progress of the disease. The author believes that had not chloral been discovered, calabar bean would probably have been largely resorted to in acute mania and allied states.

Chloral hydrate.—A practical point, to which Dr. F. calls attention, is that the lethal dose of this agent is much affected by the surrounding temperature: it is less in cold than in warm weather; and a much larger dose was required to produce toxic results in rabbits, if the animals were laid before the fire or wrapped in cotton wool during deep chloral sleep. This suggests an important element in the treatment of chloral poisoning. The fact that chloral is most dangerous to the most intellectual is well emphasized; and physicians who practice in large cities will doubtless confirm the statement of Crichton Browne, that the energy of the action of chloral is in proportion to the development of the cerebral hemispheres.

Morphia.—The remarks on this drug are most practical and judicious. Perhaps the author speaks with too little qualification when he says that in bronchitis it is a very dangerous drug to use. When the larger bronchial tubes are alone affected, the drug can not only be used without danger but with positively good effect. In general and capillary bronchitis, however, the rule laid down by Dr. F. is certainly both safe and sound. The paralyzing effects of morphia upon respiration, and the stimulating effects of atropia upon the same function, are admirably brought out. Their similarity of action upon the reflex mechanism renders both applicable where cough is to be quieted, and their similarity of effect upon the bladder, are points often ignored. The combination of morphia and belladonna in phthisis is suggested. This practice has now been long the custom with many physicians, and the results obtained have been so satisfactory that Dr. Fothergill's explanation will be accepted with pleasure. Morphia produces copious perspiration; belladonna checks it, and thus a double object is gained by the administration of the two together.

Belladonna.—Experiments with this drug have shown, and clinical observation has confirmed, that when death is approaching from paralysis of respiration, induced by poisonous agents, belladonna restores the respiratory efforts, and so saves the animal from death. The author believes there must be a distinct connection between this fact and the well known beneficial effects of belladonna in various neurosal coughs. Its action in moderate doses is also to contract the peripheral arteries, and to stimulate the heart's action. Hence it is a valuable direct diuretic for increasing the bulk of urine. Belladonna plaster relieves palpitation of the heart, and this drug proves of great utility in aconite and calabar bean poisoning, showing that it has a decided influence upon the cardiac nervous centers. The toxic effects of morphia and belladonna upon the cerebral organs are mutually antidotal. The delirium caused by toxic doses of the latter is attributable to the high blood pressure induced by this agent. In opium sleep or coma, there is a low blood pressure. It is to be expected, then, that belladonna will maintain the action of the centers under large doses of morphia without interfering much with the effect of the latter upon the cerebro-spinal centers.

Strychnia.—In addition to the well known effects of this drug the author calls attention to the fact that it has a powerful action upon respiration. It had been previously established that strychnia exerts an influence over chloral in toxic doses, and that chloral exercises even more powerful action in strychnia poisoning. Now, as the effects of chloral are well known, the author argues that if strychnia did not antagonize its effects upon the respiration as well as upon the heart, it could not have arrested death, and he asserts that strychnia is more potent as an antidote to aconite than digitalis, the latter not acting speedily enough upon the respiratory centers to prevent death from failure of respiration. In accordance with this view he recommends the use of strychnia in chronic bronchitis, with emphysema and a dilated right

heart. The writer is able to confirm the results of the author with strychnia as a respiratory stimulant.

In the fourth chapter is considered "the action of drugs upon the circulation," and a large space is devoted to digitalis. This part of the work is characterized by the masterly treatment, as the reader would expect from the author of the Prize Essay on Digitalis, and of the work on Diseases of the Heart, which are familiar to every reading physician in this country.

In the fifth chapter the action of drugs upon respiration is treated of. The author notes the paralyzing effects of calabar bean upon the respiratory center, and that atropia counteracts these effects. The antagonistic actions of strychnia and chloral have already been mentioned, but are again alluded to, and he repeats that aconite is not only antagonized by strychnia, but by belladonna, which, besides being a respiratory stimulant, is also a stimulant to the heart, as pointed out by Graves and Harley.

The use of respiratory stimulants and depressants, and their combination under certain circumstances, is beautifully elaborated. In illustration, Dr. F. mentions the combination of morphia and atropia in phthisis pulmonalis, and he says a pill of one-third of a grain of morphia and one-thirtieth of a grain of atropia will relieve the hacking cough which prevents sleep, while the atropia prevents the profuse perspiration which ensues when morphia is given alone, and the action of the belladonna upon the respiratory center ought not to be overlooked. This practice is excellent, and none the less worth mentioning, although we have seen it employed for years.

Heat, we are told, stimulates the rhythmically discharging centers of respiration and circulation. Several interesting facts are presented in support of this view, and the application to treatment of disease is both practical and judicious.

The sixth chapter is on the practical use of the antagonism of drugs in actual poisoning. The author first relates several

cases of opium and belladonna poisoning, in which the antagonism of these drugs was utilized and the patients cured. Cases of the same kind are now multiplying everywhere, and the reviewer has himself seen some of striking interest and eminently successful.

Next, cases of strychnia poisoning are noted, in which calabar bean or bromide of potassium was given as an antidote, and resulted in the recovery of the patient.

These cases, as Dr. F. says, furnish the final corroboration requisite to demonstrate the antagonism of drugs within the organism, and to show how research upon the lower animals can be utilized for the needs of human beings.

In the seventh chapter is considered the use of the antagonism of drugs in ordinary practice; it is, in fact, a recapitulation of what has already been gone over in the first portion of the essay, and is fully equal to it.

This essay is one of the most important publications in therapeutics which have been chronicled in this journal for a long time. It places within reach of the busy practitioner a clear, concise and practical exhibit of great therapeutic principles and facts which no physician can afford to be ignorant of, and which has never before been placed in such easily accessible form.

J. A. O.

Injuries of the Eye and their Medico-Legal Aspect. By FERDINAND VON ARLT, M. D., Professor of Ophthalmology in the University of Vienna. Translated by CHARLES S. TURNBULL, M. D., Surgeon to the Eye and Ear Department, Howard Hospital, etc. Philadelphia: Claxton, Remsen and Haffelfinger. 1878. 12mo., 190 pp.

In this little book the whole subject is embraced under three groups: First—Injuries produced by sudden compression or concussion of the eye. Second—Injuries produced by the entrance of a foreign body not acting chemically. Third—Scalds and corrosions of the eye-ball. Each injury is

considered separately as to diagnosis, prognosis, and therapeutics. Under the last section, attention is called to the fact that bodies which continue their corroding action, as different caustics, should be removed as rapidly as possible by mechanical means and not by water, which would only intensify and spread their action over a larger area. The treatment of an injured eye by enucleation on account of a sympathetic ophthalmia, is an important subject which we think the writer should have presented more fully, not for the benefit of the specialist, but for the general surgeon. We cordially recommend the book to the general practitioner, but we imagine it would be of little value to Dr. Turnbull, or any other skilled oculist, in aiding them as medico-legal experts.

Clinic of the Month.

PYREXIA OF ENTERIC FEVER, INFLUENCE OF QUINIA AND BATHS UPON.—In the course of an article upon this subject, *London Practitioner*, July, the author, Dr. J. Greig Smith, observes as follows:

With the view of obtaining exact estimates of the antipyretic influence of quinia and the bath, careful records were taken of the effects of forty baths and forty doses of quinia consecutively exhibited, in cases of enteric fever. These are presented as individual experiments, whose collective evidence will show the therapeutic value of the agents in the matter of temperature reduction; they are not intended to show the effect of the antipyretic treatment on the mortality of the fever. The points particularly noted in each experiment were the following:

1. The temperature of the patient at the moment treatment by bath or quinia was adopted.
2. The fall in degrees directly following the treatment.
3. The length of time the temperature took to fall to its lowest point.
4. The height to which the temperature rose directly after this fall.
5. The length of time, reckoning from the commencement of the treatment, which the temperature took to reach this reactionary rise; in other words, the period of depressed temperature.
6. The temperature of the bath and the length of time during which the patient was immersed; and, to correspond with this, the dose of quinia.
7. The time that elapsed till the next call for antipyretic treatment.

To get trustworthy utterances on these points it is evident that temperatures must be very frequently registered. I need enter into no further details than to state that during critical and turning points in the curves the temperature was taken every five or ten minutes, and during the continuous rise and fall every half hour or every hour after quinia, sometimes every two hours. The individual experiments being recorded as above, the following are the average figures got from forty doses of quinia and forty baths:

	Bath.	Quinia.
1. Temp. for which treatment adopted.....	104.75°	104.70°
2. Fall in degrees	6.05°	5.74°
3. Time in falling	32 min.	11.8 hours.
4. Height of reactionary rise	103.36°	103.18°
5. Time to rise or period of depressed temp.	6.1 hours	23 hours.
6. Vigor of therapeutic means employed	{ water at 69.6° for 14 minutes }	35 grs. about.
7. Lapse of time till next call for treatment	11 hrs. about	42 hrs. about.

That is to say, in the case of a patient having a temperature of 104.7° Fahr., we should expect the effect of a bath and of a dose of quinia to be as follows:—After immersion in a bath of 70° Fahr. for fourteen minutes, the temperature in eighteen minutes more falls six degrees; thereafter it commences to rise, and six hours after the bath the temperature reaches 103.4° Fahr. After a dose of quinia, averaging about thirty-five grains for an adult, the temperature in 11.8 hours falls 5.7° Fahr.; it then commences to rise, and twenty-three hours after the administration of the drug reaches 103.2° Fahr. Another bath will probably be wanted in about eleven hours, and another dose of quinia in forty-two hours; but the variations are here too great to give a trustworthy average.

It will thus be seen that the salient points of difference between the effects of quinia and the bath have reference to the length of time the temperature takes to fall, and the period during which it remains depressed. The depth of the fall, and the height of the secondary rise are practically the same. The relative amounts of difference may be thus generally expressed. Given a temperature of nearly 105° F. we get after—

	Bath.	Quinia.
Temperature under 104° for	6 hours	21 hours.
Temperature under 103° for	$5\frac{1}{2}$ hours	18 hours.
Temperature under 102° for	4 hours	14 hours.
Temperature under 101° for	3 hours	10 hours.
Temperature under 100° for	$1\frac{3}{4}$ hours	5 hours.

That is to say, the period of depressed temperature is three times longer after quinia than after the bath.

We thus arrive at some conclusions which may help to guide us in practice. The broadest therapeutic effects of a bath being a sudden fall of temperature, a speedy subsequent rise, and a soothing influence on the system, the indications for its use are, with similar broadness, a sudden high temperature not likely to be persistent, and the presence of sleeplessness or delirium. Quinia, giving a slow fall (the fall seldom begins till an hour after administration), a prolonged depression of temperature with usually some improvement in the heart's action, is indicated in cases of continued high temperature where the heart is acting feebly.

It is difficult, in general language, to go further than this. In actual practice, with definite concrete symptoms to guide us, it will be found more easy to decide on the method to be made use of, and the proper season to employ it.

An important point to decide upon is the height to which a temperature may be permitted to rise before antipyretic treatment is adopted. In the presence of the indefinite and ever-changing combinations of symptoms which are sure to exist in any case of enteric, it is unwise to fix on any given temperature at which treatment is to be begun.

In addition to the temperature we may derive some guidance from circumstances such as the following:

1. *Age.*—In children, though the pyrexia is usually more intense than in adults, its importance as a symptom is not so great. In children, also, the rises are more sudden and less prolonged than in adults, and there is more probability of a high temperature falling rapidly of its own accord. Antipyretic treatment, therefore, need not be so energetic in children for the double reason that the pyrexia is less dangerous and likely to be less persistent than in adults.

2. *Duration of the Pyrexia.*—The length of time for which a temperature remains over a given point must be considered as well as the height to which it attains. In the absence of proof to the contrary, we are entitled to assume that the degenerative changes accompanying pyrexia commence soon after the first departure from normal, and increase *pari passu*, with its elevation. We should expect, for instance, that a pyrexia of about 103.5° Fahr., lasting for five or six hours, would be as injurious as one of 106° Fahr. for half an hour. If we regard degeneration of the cardiac fiber as the test of the mischief, microscopic investigation would seem to bear this out. In a case of prolonged fever, where the temperature had never passed 103.5° , but had continued over long periods near this point, a condition of degeneration of cardiac muscle was found greater than in a case (of cerebral embolism) where the temperature quickly reached 108° , and was as quickly brought down. An equally suggestive comparison was made in a case of pelvic cellulitis, where there were high evening rises of short duration, with slight granular changes in the heart muscle. There seems, in fact, to be no fixed point at which degeneration commences.

Our treatment must vary accordingly. If the chart curve for a day or two previously has shown sharp peaks, we are justified in waiting for a short time to see if a high temperature will not fall of its own accord. But if the peaks have been broad, if the temperature has shown a tendency to continue high for several hours, we are not justified in waiting for the natural fall. We have nothing here to guide us but the previous course of the temperature, and, with less reliability, the age of the patient.

3. *The Stage of the Disease.*—Towards the termination of the fever the temperature curves are usually sharper; there is less probability of a temperature continuing long very high, and consequently less urgent demand for treatment. This rule, of course, must be qualified according to the previous course of the disease, and the condition of the patient. The patient's heart may be in very feeble condition from continued

or excessive pyrexia in the early part of the disease, and every elevation in the latter end may tell with redoubled force. In such a case extreme care must be taken not to let a temperature continue long at abnormal height.

In the early stages the rule is more simple. Prognosis as to the severity of a case of enteric is almost proverbially uncertain, and we must always treat it in the beginning as if it were to be severe in the end. In other words, we must be careful that the baneful effects of high temperature be not in the end one of the factors in prolonging convalescence or increasing danger.

4. *The State of the Patient*, or the manner in which he behaves under the fever, is perhaps the most important consideration of all. It is in perfect consistence with our knowledge of thermometry during health that there should be varying reactions as to temperature in disease; and it is equally intelligible that a given height of temperature should produce different amounts of evil in different individuals. It is undoubtedly the case that the worst, and most commonly fatal, cases are usually those that have the highest temperature; and, thus far, our conduct is plainly enough prescribed. But seeing that in a goodly number of cases the subjective results of the fever are out of proportion to the objective indications of heat, we may not abide by the thermometric indications alone. The actual extent of the evil produced, as much as the supposed potentiality of the cause, must guide us in our treatment. That is to say, though systematic treatment is always to be carried out only in cases of severe pyrexia, a moderately high degree of fever is not to be let alone if the symptoms show that it is doing the patient much harm.

In the practical carrying out of the treatment another consideration arises for our guidance. This is a sort of tolerance which we see both of quinia and the bath. With the bath the demand is for increased frequency rather than for increased cold. With quinia the demand is rather for increase of dose. Thus if a patient gets two baths on one day, he will probably, on the same principles of treatment, require three or four

next day, and so on. And with quinia, if thirty-five grains have reduced the temperature six degrees on the first administration, forty grains will probably be wanted to produce the same effect on the second. It is seldom, however, that we have to go beyond forty-five grains at one dose; and it is very improbable that there will be any call for antipyretic treatment for twenty-four hours after the administration of quinia.

In conclusion, it is urged that the pyrexia of enteric may be better treated by quinia and the bath, than by the bath alone. Where everything is favorable, and where the demands for treatment are not more frequent than twice or thrice a day, we may rest content with cold bathing. With the aid of quinia we may dispense with the heroism of four hundred baths in the course of one case of enteric, and we need not let a pyrexia remain untreated when failing heart's action or complications such as pleurisy, peritonitis, hemorrhage, forbid the bath.

If we have formed an honest estimate of the therapeutic value of both methods, and intelligently applied our knowledge in practice, making the one to supply the defects of the other, and both to work their best towards the common end, it will be seldom indeed that we meet with a case of enteric fever whose pyrexia can not be kept under control.

ERGOTINE IN NEURALGIA.—Dissolve two and a half to three grains of ergotine in glycerine or distilled water, and inject hypodermically. There is a burning sensation, more or less intense, which disappears within half an hour, if the puncture is covered with compresses dipped in cold water. Save in very rare cases, it is followed by neither abscess nor erysipelas. One injection, or at the most two, will, in the majority of cases, banish the neuralgic pain; with the view, however, of preventing relapses, as many as six injections may be given. In tic douloureux the results have been most favorable, while in sciatica they have often failed. (*L'Union Médicale*; Dublin Journal of Medical Science.)

STRENGTH OF DISINFECTING SOLUTIONS.—In an article upon Disinfectants—Druggists' Circular and Chemical Gazette—the strength of disinfecting solutions is thus given. The quantities sufficient are about as follows:

Hyponitrous acid, recommended by Carmichael Smith in 1785, is a reliable disinfectant, but very dangerous. A room of 30 to 40 cubic meters (about 1,000 to 1,400 cubic feet) requires the quantity of gas evolved from 1,500 grams (52 ounces) of nitric acid, 300 grams (10 ounces) of copper turnings, and 2 liters (4 pints) of water. Expose for forty-eight hours.

Carbolic acid, mixed with water in the proportion of one part of the crude acid to thirty parts, when needed for sprinkling. More convenient is the dry mixture of one of acid and three of sawdust or sand. The carbolate of lime of commerce is a very handy although not very strong preparation. It is quite harmless, and its effects are continuous. For the daily stools of four persons, about half a pint of the above solution will be sufficient, or a teaspoonful of carbolate of lime daily for each person. The rule is to add more when the smell of carbolic acid has disappeared. Under this head belongs Dr. Squibb's plan of building a wood fire in the cellar of tenement houses, and smoking the house as a pork packer smokes hams. Carbolate of lime must not be associated with chloride of lime, as they are antagonistic.

Chlorine was recommended in 1773 by Guyton de Morveau. It is best applied in the form of chloride of lime; with about twelve per cent. of hydrochloric acid.

Permanganate of potassa is very easily decomposed, and gives up its oxygen to all organic matter whether hurtful or not; hence the best way to employ it is to act upon small quantities of organic matter at a time, and to use but little more than necessary to destroy the smell, otherwise an enormous quantity might unnecessarily be used. One part of permanganate to one hundred parts of water is a good proportion. It is not an antiseptic, and consequently does not prevent decay from recommencing. Taking all together, the usefulness

of permanganates is very limited. Gun-cotton moistened with a solution of permanganate is the best dressing devised for putrid, gangrenous wounds. It is a good purifier of water for drinking purposes.

Sulphate of iron is one of the cheapest and handiest disinfectants. A solution of five per cent. will be about strong enough for most purposes. For stools, about two ounces of the salt for one person each day are sufficient. In the basic state it is more efficient and economical than as protosalt.

Chloralum, introduced by Gamgee about 1869, is a desirable disinfectant, being harmless and devoid of smell.

Hydrated chloride of aluminum can be prepared by mixing solutions of sulphate of alumina and chloride of calcium; sulphate of lime will be precipitated, and the supernatant solution can either be used as such, or evaporated at a very gentle heat. Heat too strong decomposes it. Both the component salts being by-products, chloralum need not cost much; made as above, it is infinitely stronger and more reliable than most of the commercial trash sold under that name.

Heat is a good disinfectant, since none of the lower organisms can resist 265° F. The effect of heat on textile fabrics is as follows:—They can bear 250° F., unless the heat is prolonged for several hours. A dry heat of 300° F. slightly chars cotton fabrics; at 400° F. the goods are colored dark brown; at 500° F. gaseous hydrocarbons are formed; at 600° F. all vegetable and animal tissues become converted into charcoal. Aided by a jet of steam, 250° F. will, for practical purposes, be sufficient, without destroying or injuring the texture.

INTRA-UTERINE FRACTURE OF THE FEMUR.—M. Theophilus Anger presented to the *Société de Clinique*, a femur taken from an infant born at eight months and dying two days after, which was fractured in the body, or rather a separation of the epiphysis at the base of the great trochanter. The mother had become syphilitic the fourth month of pregnancy, and eight days before delivery had fallen upon the abdomen. (*Annales de Gynécologie*.)

Notes and Queries.

TOO MANY MEDICINES.—The motto, as we remember it, of a well known and influential political newspaper published at Washington City many years ago, was "The world is governed too much." Possibly one day a sanitary journal may make its motto, The world is drugged too much, and bearing this banner wage a successful war against one of the monstrous evils of the times.

When we consider the great number and variety of proprietary medicines in this country—pills, powders, plasters, liniments, liquors, lozenges, ointments, et cetera—used, the manufacturers, we had almost written malefactors, soon becoming millionaires; then add to this use, the supposed therapeutic agents employed in domestic practice, the home prescriptions; and finally concluding the account with the various medicines used by the profession, we have an amount that is simply enormous.

Extra-professional use of medicines, of course doctors can do little toward restricting. Many people will continue to believe they know more about diseases and medicines than those who have made them a life-long study, and so drug or dose all who will permit, or are compelled to submit to, the cruelty of their tender mercies; and the race of quack-medicine vendors will live as long as popular credulity and ignorance.

But is there no intra-professional limitation of the number of medicines and variety of medicinal preparations that can be accomplished? The tendency of most physicians is, with the increase of years, to diminish the number of therapeutic agents. Many of the medicines that they tried in the earlier period of their professional life they set no great value upon, some they consider positively worthless, and new candidates for

their favor are regarded with a healthy skepticism, for the time treated with only a distant recognition, while a few old remedies, tried and true, are looked upon with a faith alike affectionate and almost implicit. That soldier is as a rule more efficient in battle who has thoroughly learned the use of one or two weapons, than he who practices with forty or fifty. The man of one book an ancient adage warns us to beware of, probably because such a man is invincible on his peculiar territory. Monodynamic men, as Richter termed them, men of a single talent, are rarely misapprehended. So too in our therapeutic experience, if we use but few remedies and these singly, we rarely misinterpret results.

It was the evidence of ignorant inexperience, or of ignorant skepticism, given by the physician who, when asked why he put so many medicines in a prescription, replied "That the disease may take whichever it likes." Lord Bacon's view of polypharmacy was much wiser. This great man, who uttered many a truth which would be of value to practical medicine to-day, observed, "For variety of medicines is the child of ignorance; and if it be true according to the proverb, that 'many dishes have made many diseases,' it is not less true that many medicines have made few cures."

The multiplicity of medicines and of medicinal preparations hinders progress in therapeutics. Rational inductions can only be made when the facts classified are similar; dissimilars brought together surely lead to error. But how can there be similars when so many different therapeutic agents are used by different observers? Moreover, how can there be any certain facts deduced from a case where the patient is given possibly a dozen different medicines in twenty-four hours!

A universal pharmacopœia is one of the imperative needs of the professional world; the general adoption of the metric system—of which our friend and contributor, Dr. Wigglesworth, is the devoted apostle—will be a long stride towards such a pharmacopœia. Then let practitioners abide by such pharmacopœia, and new life and light will come to therapeutic science.

NATIONAL MICROSCOPICAL CONGRESS.—A number of the most prominent workers in histology, phytotomy, and the microscopical societies of the country generally, propose holding a National Convention at Indianapolis, beginning on the 14th of August, and extending over a period of several days. The objects will be to organize a National Association, and to read and discuss subjects directly pertaining to microscopy. This is the first movement toward a national association of this character, and we are informed that the work has gone so far that success is assured. The association will certainly hold open doors to all who are engaged in scientific pursuits which require the aid of the microscope for development and study. It seems to us that the medical profession should have large claims in an association of this kind, and the doctors of Kentucky and Indiana especially should take an active part, and avail themselves of the opportunities that will be offered here, for acquiring practical knowledge (that could be acquired in no other way), with regard to the best forms of instrument for clinical observation and professional study.

CONSOLIDATION OF THE TWO INDIANAPOLIS MEDICAL COLLEGES.—The profession of Indiana will doubtless be gratified to learn that the College of Physicians and Surgeons of Indiana and the Indiana Medical College have been united under the name of the Medical College of Indiana, being the medical department of Butler University. The University is a rich and powerful corporation, and guided by the large and liberal views of the President of its Board of Trustees, Dr. P. H. Jameson, will ultimately make its medical department one of the best equipped and efficient schools in the country. One of the wise steps taken in the organization of the medical department of the University, was placing the school under the immediate control of trustees all belonging to the medical profession, some of them among the most prominent and best known physicians of the state: Dr. J. M. Kitchen is President.

ABDOMINAL OVOTOMY.—We call the attention of our readers to the following note from Dr. R. P. Harris:

713 LOCUST STREET, PHILADELPHIA, MAY 10, 1878.

Dear Doctor:—It being highly important to determine what has been the proportionate success in cases of labor where the abdomen has been opened to remove a fetus escaped from the uterus by a rupture, I have instituted an inquiry in the hope of being able to collect the American cases of gastrotomy—puerperal laparotomy—and thus determine the value of the operation as a means of saving life. Can you obtain for me, in your state or vicinity, any records of cases, stating the age, color, locality, cause of rupture, number of children born previously, time between rupture and operation, result to woman and to child, name of operator, condition of woman at time of operation—was the uterus sewed up?

Yours very respectfully, ROBERT P. HARRIS, M. D.

THE OBSTETRIC GAZETTE.—The first number of the *Obstetric Gazette*, a monthly journal devoted to Obstetrics and Diseases of Women and Children, edited and published by Dr. Edward B. Stevens, Lebanon, Ohio, has appeared. Dr. Stevens is a veteran in the editorial ranks, is well known by the profession of the whole country, and will make such a journal that every general practitioner can not afford to do without, while of course all who are especially interested in any of the three departments to which it is devoted will at once subscribe for it.

STATISTICS OF PLACENTA PREVIA.—Dr. E. W. King, Galena, Floyd county, Ind., desires to present to the Indiana State Medical Society, at its next annual meeting, a collection of all the cases of placenta previa occurring in Indiana. It is to be hoped that all members of the profession having had such cases will make them known to the doctor, assisting him in a work that he has the ability and the industry to make of great practical value.

NITRITE OF AMYL IN TINNITUS AURIUM.—Dr. Michael, of Hamburg, has published a *résumé* of twenty-seven cases of tinnitus aurium treated by him with nitrite of amyl. In nineteen of these he has obtained decided success. Two to five drops should be inhaled at a time. The inhalation was continued while the usual symptoms lasted—redness of the face, injection of the vessels of the eye—and stopped when vertigo appeared. With all the patients who were benefited, the tinnitus increased during the period of inhalation. With the disappearance of the redness from the face it diminished and became less than it was before the inhalation. In some cases the improvement only lasted an hour, in others several weeks, but generally it continued from two to ten days. The effect of a second inhalation was more marked than that of the first, provided that it was not repeated too soon. There should be an interval of two days at least. Of course, inhalations would not be applicable in cases of acute local catarrh, nor where the tinnitus was of mechanical origin. (*L'Union Médicale*.)

ELECTROLYSIS IN CERVICAL STRICTURE.—Dr. Le Blond, *Annales de Gynécologie*, concludes a paper on this subject as follows:—1. Enlargement of the cervical canal by electrolysis is possible; 2. The resulting cicatrix has not marked retractile character; 3. Electrolysis ought to be substituted, in very many cases, for division of the neck by cutting instruments.

A SIN OF OMISSION, IF NOT OF COMMISSION.—In the last number of our journal, we referred most favorably to the printed order of exercises prepared by Dr. Rochester and his colleagues for the Buffalo meeting of the American Medical Association, forgetting at the time that there was such an order prepared by Dr. Davis for the Chicago meeting; and also one at the Detroit meeting, for which order the Association was indebted to Dr. Brodie. It is needless to say that we regret, in doing full justice to Dr. Rochester, the slightest injustice was done to others.

MONTAIGNE'S OPINION OF PHYSIC.—For my part, I think of physic as much good or ill as any would have me: for, thanks be to God, we have no traffic together. I am of a quite contrary humor to other men, for I always despise it; and when I am sick, instead of recanting or entering into composition with it, I begin yet more to hate and fear it, telling those who importune me to take physic that they must at least give me time to recover my health and strength that I may be the better able to support and encounter the danger and the violence of the potion. I let nature work, supposing her to be sufficiently armed with teeth and claws to defend herself when attacked.

THE LANCET AND CLINIC CONSOLIDATED.—The union of these well known medical journals of Cincinnati has taken place since our last issue. The new journal is handsomely printed, well filled with good original and selected matter, is issued weekly, and as long as it keeps its present high standard deserves and must obtain large success.

DR. DAVID W. YANDELL.—It will gratify Dr. Yandell's many friends to know that he will return by the middle of this month, and with health greatly improved.

TO CONTRIBUTORS.—Papers have been received from Drs. Thornberry, King and Corey.